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**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90011 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739662**

1. Corporation Name

**SOUTHDALE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1135 SOUTHDALE RD  
#103  
FORT MYERS FL 33919  
US

5959 WINKLER RD  
#220-B  
FORT MYERS FL 33919  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/14/1977

4. FEI Number

59-2261425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SERWICH, CHARLENE M  
5959 WINKLER RD #220-B  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAILLOUX, BETTIE	
STREET ADDRESS	896 N TOWN AND RIVER DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SERWICH, CHARLENE M	
STREET ADDRESS	5959 WINKLER RD #220-B	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, WILLIAM	
STREET ADDRESS	7921 TWIN EAGLE LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CORDERO, JULES	
STREET ADDRESS	1122 SOUTHDALE RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEKAHBAH, ROXANNE B.	
STREET ADDRESS	1021 SOUTHDALE RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SERWICH, PAUL L	
STREET ADDRESS	5959 WINKLER RD #220-B	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Gail Fous
2.4 CITY-ST-ZIP	1905 Dana Dr. Ft Myers, FL 33907
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	President
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	PABLO DARABELLA
5.4 CITY-ST-ZIP	1078 SOUTHDALE RD Ft Myers, FL 33919
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gail Fous* GAIL FOUS, Fous

3/23/99

941-277-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)