

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739662

1. Entity Name

SOUTHDAL PROPERTY OWNERS ASSOCIATION, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90014 017 ****61.25

Principal Place of Business
1135 SOUTHDAL RD
#103
FORT MYERS FL 33919
US

Mailing Address
5959 WINKLER RD
#220-B
FORT MYERS FL 33919-3354
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number. 59-2261425

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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	S	<input type="checkbox"/> Delete
NAME	FOUS, GAIL	
STREET ADDRESS	1905 DANA DR.	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARABELLA, PABLO	
STREET ADDRESS	1078 SOUTHDAL RD.	
CITY-ST-ZIP	FT MYERS FL 33191	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORDERO, JULES	
STREET ADDRESS	1122 SOUTHDAL RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERWICH, PAUL L	
STREET ADDRESS	5959 WINKLER RD #220-B	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00 941-277-9309
Date Daytime Phone #

CR2E037 (9/99)