

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739662

1. Entity Name

SOUTHDALE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90055 032 ****61.25

0013383

Principal Place of Business

1135 SOUTHDALE RD
 #103
 FORT MYERS FL 33919
 US

Mailing Address

~~3959 WINKLER RD~~
~~#220-B~~
 FORT MYERS FL 33919
 US

896 N. TOWN & RIVER DR.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2261425

Applied For

Not Applicable

Zip

Country

Zip

Country

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~~

Bettie Mailloux
 896 N. TOWN & RIVER DR.
 FT. MYERS, FL. 33919

Name Bettie Mailloux

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

896 N. TOWN & RIVER DR.

FT. MYERS, FL.

City

FT. MYERS

FL

Zip Code

33919

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 Bettie R. Mailloux

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

(NOTE: Registered Agent signature required when reinstating)

Sept. 10, 2001

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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 SOUTHDALE RD.	
CITY-ST-ZIP	FT MYERS FL 33191	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORDERO, JULES	
STREET ADDRESS	1122 SOUTHDALE 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		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mailloux Bettie	
STREET ADDRESS	896 N. TOWN & RIVER DR.	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
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	PABLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mailloux, BRIAN	
STREET ADDRESS	1033 Southdale Rd.	
CITY-ST-ZIP	FT. MYERS, FL. 33919	

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 REQUIRED

Sept. 10 2001 941.481.9518

CR2E037 (5/01)