2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 739662

1. Entity Name
SOUTHDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1135 SOUTHDALE RD #103 FORT MYERS, FL 33919 US	896 N TOWN & RIVER RD FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE

04292004 No Chg-NP CR2E037 (10/03)

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

MAILLOUX, BETTIE
896 N TOWN & RIVER DR
FORT MYERS, FL 33919

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (If new registered agent, signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151637
05/04/04-80052-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAILLOUX, BETTIE
STREET ADDRESS	896 N TOWN AND RIVER DR
CITY ST ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	DARABELLA, PABLO
STREET ADDRESS	1078 SOUTHDALE RD.
CITY ST ZIP	FT MYERS, FL 33191
TITLE	D
NAME	SERWICH, PAUL L
STREET ADDRESS	5959 WINKLER RD #220-B
CITY ST ZIP	FT. MYERS, FL
TITLE	P
NAME	MAILLOUX, BRIAN
STREET ADDRESS	1033 SOUTHDALE RD
CITY ST ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Bettie Mailloux 4.28.04 239.481.9518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #