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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748504** (8)
1. Corporation Name
SOUTHDALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1100 NE 9TH AVE FT. LAUDERDALE FL 33304 US	Mailing Address 4530 NE 10 AVENUE SUITE C OAKLAND PARK FL 33334 US
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3. Date Incorporated or Qualified 08/13/1979
4. FEI Number 59-2055548
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent RUECKEL, KEITH 4530 NE 10TH AVE. FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City 05 Zip Code
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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	TD
NAME	CATALANO, JOSEPH
STREET ADDRESS	1308 BAYVIEW DR. #2A
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	VPD
NAME	RUECKEL, KEITH
STREET ADDRESS	4530 NE 10TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	RAYMOND, MARIE
STREET ADDRESS	1100 NE 9TH AVE., STE. 301
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
1.1 TITLE	PD
1.2 NAME	Kathy White
1.3 STREET ADDRESS	1100 NE 9th Ave., #305
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
2.1 TITLE	D
2.2 NAME	Joel Kornberg
2.3 STREET ADDRESS	1100 NE 9th Ave., #202
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
3.1 TITLE	D
3.2 NAME	Brian A. Funk
3.3 STREET ADDRESS	1100 NE 9th Ave. #303
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33304
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
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.

SIGNATURE: *[Signature]* 4/13/98 (954) 928-0982

CR2E037 (10/97)