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**FILED**
**Mar 14, 1999 8:00 am**
**Secretary of State**
03-14-1999 90010 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 748504

1. Corporation Name
**SOUTHDALE CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1100 NE 9TH AVE<br>FT. LAUDERDALE FL 33304<br>US | 4530 NE 10 AVENUE<br>SUITE C<br>OAKLAND PARK FL 33334<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualified: 08/13/1979
4. FEI Number: 59-2055548 ☐ 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

RUECKEL, KEITH
4530 NE 10TH AVE.
FT LAUDERDALE FL 33334

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | WHITE, K | | 1.2 NAME | White, K | |
| STREET ADDRESS | 1100 NE 9TH AVE, 305 | | 1.3 STREET ADDRESS | 1100 NE 9th Ave., #305 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | | 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33304 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | RUECKEL, KEITH | | 2.2 NAME | Rueckel, Keith | |
| STREET ADDRESS | 4530 NE 10TH AVE. | | 2.3 STREET ADDRESS | 4530 NE 10th Ave. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FUNK, B A | | 3.2 NAME | | |
| STREET ADDRESS | 1100 NE 9TH AVE, 303 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33304 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KORNBERT, J | | 4.2 NAME | | |
| STREET ADDRESS | 1100 NE 9TH AVE, 202 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUD FL 33304 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | P | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | McClune, Emery | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1100 NE 9th Ave., #303 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33304 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Mick, Michael | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1100 NE 9th Ave., #102 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33304 | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED 3/11/99 (954) 928-0987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #