

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90033 040 ****61.25

DOCUMENT # 748504

1. Entity Name
SOUTHDALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1100 NE 9TH AVE
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**1660 NE 12 TERRACE
FORT LAUDERDALE, FL 33304 US**

94017311



2. Principal Place of Business

3. Mailing Address

2787 E OAKLAND PK. BLD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

02022004 Chg-NP CR2E037 (10/03)

City & State

City & State

Fort Lauderdale, FL

4. FEI Number
59-2055548

Applied For
Not Applicable

Zip

Country

Zip

Country

33306

Florida

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

**RUECKEL, KEITH
1660 NE 12 TERRACE
FORT LAUDERDALE, FL 33305**

Name

ERIC HAMMONDS

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

2787 E OAKLAND PARK BLD

309

City

Fort Lauderdale

FL

Zip Code

33306

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

Eric Hammonds

Eric Hammonds, Property Manager 2/5/04

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

(NOTE: Registered Agent signature required when consulting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **DOLAN, BEVERLY**
STREET ADDRESS **1100 NE 9TH AVE, #102**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MATT GAISSE**
STREET ADDRESS **1100 NE 9 AVE # 302**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **SD** ☒ Delete
NAME **RUECKEL, KEITH**
STREET ADDRESS **1660 NE 12 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333053131**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **JOEL KORNBERG**
STREET ADDRESS **2801 SOMERSET DRIVE # 409**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **PD** ☒ Delete
NAME **KORNBERG, JOEL**
STREET ADDRESS **600 THREE ISLAND BLVD., #1509**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Kathy White**
STREET ADDRESS **1100 NE 9 AVE # 305**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **TD** ☒ Delete
NAME **COSTA, STEVE**
STREET ADDRESS **1100 NE 9 AVE, #301**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Tom Kiener**
STREET ADDRESS **1100 NE 9 AVE # 106**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **VP** ☒ Delete
NAME **GAISSE, MATT**
STREET ADDRESS **1100 NE 9 AVE, #302**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE **Director** ☐ Change ☒ Addition
NAME **Braden Franklin**
STREET ADDRESS **1650 Tennis Club drive # 312**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

Eric Hammonds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 954568-0300

DATE

DRIVING PERMIT

X

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