

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 045 ****61.25

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1. Entity Name
SOUTHDALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8360 W OAKLAND PARK BLVD
301
SUNRISE, FL 33351 US**

Mailing Address
**P.O. BOX 452199
SUNRISE, FL 33345-2199**

40035550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2055548

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

**ROGER, RANDALL K
621 NW 53 ST, #300
BOCA RATON, FL 33487**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☒ DP ☐ Delete
NAME QUINN, EROL S
STREET ADDRESS 1100 NE 9 AVE., #307
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☒ Addition
NAME DT
STREET ADDRESS SESKIN, JENNA
CITY-ST-ZIP 1100 NE 9 AVE #305
FORT LAUDERDALE, FL 33304

TITLE ☒ DS ☐ Delete
NAME KIRSCHBAUM, MARK
STREET ADDRESS 1800 NE 114TH ST #909
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ DT ☐ Delete
NAME RIEMER, THOMAS
STREET ADDRESS 1100 NE 9 AVE., #106
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/7