


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 049 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2055548

Applied For
 Not Applicable

City & State

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

Filing Fee is \$61.25 Due by May 1, 2008

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 Treas. Valdez, Eric Change Addition
 NAME
 STREET ADDRESS 1100 N.E. 9th Avenue #301
 CITY-ST-ZIP 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 SESKIN, JENNA
 STREET ADDRESS 1100 NE 9 AVE #305
 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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: E. Quinn 2/22/08 954. 558. 5985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #