

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90097 012 \*\*\*150.00

DOCUMENT # **G99089**

1. Corporation Name

**SOUTHEAST REALTY MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

550 BILTMORE WAY  
700  
CORAL GABLES FL 33134  
US

500 BILTMORE WAY  
700  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

02/29/1984

4. FEI Number

59-2379796

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEDBOR, NIKKI J.  
550 BILTMORE WAY  
SUITE 700  
CORAL GABLES FL 33134

81 Name

POLLER, NEALE J.

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

550 BILTMORE WAY, STE. 700

83

84 City

CORAL GABLES

FL

85 Zip Code  
33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME CAMNER, ALFRED R.  
STREET ADDRESS 550 BILTMORE WAY, SUITE 700  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE V  
NAME NEDBOR, NIKKI J.  
STREET ADDRESS 550 BILTMORE WAY, SUITE 700  
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ST  
NAME FORD, EARLINE G.  
STREET ADDRESS 550 BILTMORE WAY, SUITE 700  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE V  
NAME CAMNER, ANNE S.  
STREET ADDRESS 550 BILTMORE WAY, SUITE 700  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature of Alfred R. Camner*  
ALFRED R. CAMNER

4/5/99 (305) 231-6432

Date

Daytime Phone #

CR2E034 (11/98)