

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92379

(1)

1. Corporation Name

SE APARTMENT CORPORATION



Principal Place of Business

Mailing Address

400 E SOUTH ST
SUITE 500
ORLANDO FL 32801

400 E SOUTH ST
SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1990

3a. Date of Last Report

04/24/1995

4. FE Number

59-3033204

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

BOURNE, ROBERT A
400 E. SOUTH ST #500
ORLANDO FL 32801

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 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 of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

Date

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	SENEFF, JAMES M., JR.	
STREET ADDRESS	400 EAST SOUTH STREET	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	PTD	☐ DELETE
NAME	BOURNE, ROBERT A.	
STREET ADDRESS	400 E SOUTH ST #500	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	S	☐ DELETE
NAME	ROSE, LYNN. E	
STREET ADDRESS	400 EAS SOUTH STREET, SUITE 500	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	☐ Change ☒ Addition
12 NAME	Ralston, Gary M	
13 STREET ADDRESS	400 E South St Suite 500	
14 CITY-STATE-ZIP	Orlando Fl	
2. TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
3. TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
4. TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
6. TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this flag is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Seneff, Jr.

3/13/96

(407) 422-1575

CR2E034 (12/95)