

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:00

DOCUMENT # N24994 (8)

1. Corporation Name

SOUTH EAST FLORIDA APARTMENT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1988
3a. Date of Last Report 04/28/1994

4. FEI Number
65-0036888

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

Principal Place of Business

Mailing Address

4700 NW 2ND AVE.
203
BOCA RATON FL 33431
US

4700 NW 2ND AVE.
203
BOCA RATON FL 33431
US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURILLA, JOSEPH JR.
4700 NW 2ND AVE.
STE 203
BOCA RATON FL 33431

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 607.0505 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

Joseph Curilla, Executive Vice President

April 15, 1995

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVP
NAME	CURILLA, JOSEPH JR.
STREET ADDRESS	4700 NW 2ND AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	BRAUNSTEIN, JACK
STREET ADDRESS	4700 NW 2ND AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	MOORE, GAYLE
STREET ADDRESS	4700 NW 2ND AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	FARNSWORTH, GARY
STREET ADDRESS	4700 NW 2ND AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	CHATTERTON, DENISE
STREET ADDRESS	4700 NW 2ND AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD McNatt, Kim
4.3 STREET ADDRESS	4700 NW 2nd Ave.
4.4 CITY - ST - ZIP	Boca Raton FL
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Office eliminated
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Curilla Exvp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

Date

(407) 998-8486