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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24994 (8)

1. Corporation Name
SOUTH EAST FLORIDA APARTMENT ASSOCIATION, INC.



Principal Place of Business 1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US	Mailing Address 1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/24/1988	4. FEI Number 65-0036888	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	\$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KELLOUGH, JALANE L
1650 S DIXIE HIGHWAY
5TH FLOOR
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

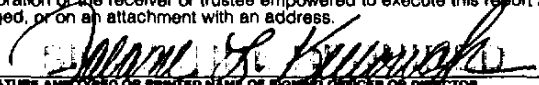
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	PD
NAME	KELLOUGH, JALANE L	1.2 NAME	Santagado Acton LuAnne
STREET ADDRESS	1650 S DIXIE HIGHWAY 5TH FLOOR	1.3 STREET ADDRESS	6503 N. Military Trail
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	PD	2.1 TITLE	
NAME	BROWN, CAROLYN	2.2 NAME	
STREET ADDRESS	P O BOX 4545 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	FERNALD, OLAF	3.2 NAME	
STREET ADDRESS	891 HICKORY TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BEVIS, MARIE	4.2 NAME	
STREET ADDRESS	ONE PARK PLACE/821 NW 53RD ST SUITE 125	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE PD 1.2 NAME Santagado Acton LuAnne 1.3 STREET ADDRESS 6503 N. Military Trail 1.4 CITY-ST-ZIP Boca Raton, FL 33496	☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/23/98 561/447-0696

CR2E037 (10/97)