FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90177 010 ****70.00

DOCUMENT # **N24994**

1. Corporation Name

SOUTH EAST FLORIDA APARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US	1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 02/24/1988

4. FEI Number: 65-0036888 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KELLOUGH, JALANE L 1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLOUGH, JALANE L		1.2 NAME		
STREET ADDRESS	1650 S DIXIE HIGHWAY 5TH FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LUANNE, SANTAGADO A		2.2 NAME		
STREET ADDRESS	6503 N MILITARY TR		2.3 STREET ADDRESS	12230 FOREST HILL BLVD. 110-M	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BEVIS, MARIE		4. 2 NAME		
STREET ADDRESS	~~ONE PARK PLACE/621 NW 53RD ST SUITE 125~~		4.3 STREET ADDRESS	2101 W. COMMERCIAL BLVD. STE 1100	
CITY-ST-ZIP	~~BOCA RATON FL~~		4.4 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33309	
TITLE		☐ DELETE	5.1 TITLE	STD	☐ Change ☒ Addition
NAME			5.2 NAME	MARTY BAKER	
STREET ADDRESS			5.3 STREET ADDRESS	4070 WOODS EDGE CIRCLE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	MIKE HEFLEY	
STREET ADDRESS			6.3 STREET ADDRESS	6551 PARK OF COMMERCIAL BLVD. STE 100	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BOCA RATON, FL 33487	

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, with all other like empowered.

SIGNATURE: Jalane A. Kellough 4/6/99 561/447-0696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)