2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

n address, with all other

FILED May 31, 2000 8:00 am Secretary of State **DOCUMENT # N24994** 1. Entity Name SOUTH EAST FLORIDA APARTMENT ASSOCIATION, INC. 05-31-2000 90097 008 ****70.00 Mailing Address Principal Place of Business 1650 S DIXIE HIGHWAY 1650 S DIXIE HIGHWAY 5TH FLOOR Dangiaia 5TH FLOOR **BOCA RATON FL 33432 BOCA RATON FL 33432-7462** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0036888 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired : Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KELLOUGH, JALANE L 1650 S DIXIE HIGHWAY **5TH FLOOR** Zip Code City FL BOCA RATON FL 33432 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE: DATE (NOTE: Registered Agent signature required when reinstating) /Signature, type 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete ☐ Addition TITLE TITLE NAME NAME KELLOUGH, JALANE L STREET ADDRESS 1650 S DIXIE HIGHWAY 5TH FLOOR STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP D XX Change ☐ Addition TITI F TITLE PD ☐ Delete NAME NAME LUANNE, SANTAGADO A 12230 FOREST HILL BLVD STE 211 STREET ADDRESS STREET ADDRESS 12230 FOREST HILL BLVD., 110-M CITY-ST-ZIP_ CITY-ST-ZIP WELLINGTON: FL: 33414 -☐ Change ☐ Addition TITLE STD ☐ Delete TITLE NAME BAKER, MARTY NAME STREET ADDRESS STREET ADDRESS 4070 WOODS EDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP <u>PALM BEACH GARDENS FL 33410</u> Change **X** Addition TITLE VD Delete TITLE NAME NAME BEVIS, MARIE STREET ADDRESS STREET ADDRESS 2101 W. COMMERCIAL BLVD., STE. 1100 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 XX Change ☐ Delete TITLE Addition TITLE PDNAME HEFLEY, MIKE STREET ADDRESS STREET ADDRESS 6551 PARK FO COMMERCIAL BLVD., STE. 100 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall be the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or inustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

Date