2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90222 049 ****70.00

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DOCUMENT # N24994

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLOUGH, JALANE L 1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP KELLOUGH, JALANE L 1650 S DIXIE HIGHWAY 5TH FLOOR BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~EXECUTIVE~~ DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUANNE, SANTAGADO A 12230 FOREST HILL BLVD STE 211 WELLINGTON FL 33414	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SUSANNE LOVELACE 5355 TOWN CENTER RD., SUITE 405 BOCA RATON, FL 33486 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAKER, MARTY 4070 WOODS EDGE CIRCLE PALM BEACH GARDENS FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANGELA ISHAM 1721 SE CONORO ROAD PORT ST. LUCIE, FL 34952 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIR, BRIAN 1600 NW 159 ST MIAMI FL 33169	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JUDY GOGOL 3343 W. COMMERCIAL BLVD, STE 101 FORT LAUDERDALE, FL 33306 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEFLEY, MIKE 6551 PARK FO COMMERCIAL BLVD., STE. 100 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SUSAN WHITNEY 6400 CONGRESS AVE., STE # 1000 BOCA RATON, FL 33487 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P L MIKE HEFLEY 6551 PARK OF COMMERCE BLVD SUITE 100 BOCA RATON, FL 33487 ☒ Change ☐ Addition

CR2E037 (10/00)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jalane L. Kellough 4-16-01 561/447-0696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #