

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90092 011 ****70.00

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

646819



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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KELLOUGH, JALANE L
1650 S DIXIE HIGHWAY
5TH FLOOR
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

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 **ED** ☐ Delete
 NAME **KELLOUGH, JALANE L**
 STREET ADDRESS **1650 S DIXIE HIGHWAY 5TH FLOOR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **LOVELACE, SUSANNE**
 STREET ADDRESS **5355 TOWNCENTER ROAD #405**
 CITY-ST-ZIP **BOCA RATON FL 33488**

TITLE **VD** ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **150 E Palmetto Park Rd, Suite 330**
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **V** ☐ Delete
 NAME **ISHAM, ANGELA**
 STREET ADDRESS **1721 SOUTHEAST CONRAD ROAD**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **PD** ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **319 Clematis St., Suite 536**
 CITY-ST-ZIP **West Palm Beach, FL 33487**

TITLE **V** ☐ Delete
 NAME **GOGOL, JUDY**
 STREET ADDRESS **3343 WEST COMMERCIAL BLVD #101**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
 NAME **HEFLEY, MIKE**
 STREET ADDRESS **6551 PARK OF COMMERCE BLVD #100**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VD** ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
 STREET ADDRESS **4001 S Ocean Dr., Suite B3**
 CITY-ST-ZIP **Hollywood, FL 33019**

TITLE **ST** ☒ Delete
 NAME **WHITNEY, SUSAN**
 STREET ADDRESS **6400 CONGRESS AVE #1000**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **ST** ☐ Change ☒ Addition
 NAME ☐ Change ☒ Addition
 STREET ADDRESS **Louie Bush**
 CITY-ST-ZIP **12230 W Forest Hill Blvd., Suite 157**
Wellington, FL 33414

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

561/447-0696

Daytime Phone #

CR2E037 (9/01)