## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # N24994** 1. Entity Name

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90013 012 \*\*\*\*70.00

SOUTH E	EAST FLORIDA APARTMEN	NT ASSOCIATION,							
Principal Place of Business 1650 S DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432 US  Mailing Address 1650 S DIXIE HIG 5TH FLOOR BOCA RATON, FL BOCA RATON, FL						95538 		18# 61 <b>8</b> # <b>618</b> # <b>1</b>	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	<del> </del>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03:	202007 C	hg-NP	CR2EC	37 (12/06)	
City & State		City & State			El Number <b>65-00368</b>	88		<del></del>	Applied For Not Applicable
Zip	Country	Zip	Country	5. (	Certificate of S	Status Desired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Ad	dress of New	Registered	Agent	
KELLOHO	LI IAI ANE I		Name						
1650 S DIX SUITE 500	IH, JALANE L XIE HIGHWAY ) TON, FL 33432		Street	Address (P.O. E	Box Number is	Not Acceptab	le)		
BOCA NA	10N, FL 33432							Zip Co	
			City				FI	L   2,5 C	ue
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office of	r registered ag	rent, or both, ii	n the State of F		n familiar with	n, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signs	ture required when re	einstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	☐ Adde	00 May Be ed to Fees	Flo	rida Depa	ck payable artment of S	State
10.	<del>-</del>	Trust Fund C		ADDIT	IONS/CHANC		rida Depa	rtment of	N 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

| SIGNATURE | SIGNATURE | Date | Date | Date | Dayling Phone \*