

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N24994

1. Entity Name
**SOUTH EAST FLORIDA APARTMENT ASSOCIATION,
INC.**



Principal Place of Business
**1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432 US**

Mailing Address
**1650 S DIXIE HIGHWAY
5TH FLOOR
BOCA RATON, FL 33432 US**

40055387



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03202007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0036888

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KELLOUGH, JALANE L
1650 S DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☒ Delete
NAME **LEBLING, TOM**
STREET ADDRESS **6400 N ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **VD** ☒ Delete
NAME **BURCKY, CRAIG**
STREET ADDRESS **2000 W GLADES RD STE 206**
CITY-ST-ZIP **BOCA RATON, FL 33231**

TITLE **VD** ☒ Delete
NAME **GRUSAM, RON**
STREET ADDRESS **1600 NW 15TH ST**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **VD** ☐ Delete
NAME **PORRARO, KRISTINA**
STREET ADDRESS **1680 MICH AVE 8TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **PD** ☒ Delete
NAME **ESFORMES, MARCYLENE**
STREET ADDRESS **5300 POWERLINE RD, #207**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres. Elect** ☐ Change ☒ Addition
NAME **Susan Whitney**
STREET ADDRESS **2424 N Federal Hwy Ste 451**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Heat Vice President** ☐ Change ☒ Addition
NAME **Heather Geraci**
STREET ADDRESS **17501 Biscayne Blvd Ste 300**
CITY-ST-ZIP **Aventura FL 33160**

TITLE **Secretary-treasurer** ☐ Change ☒ Addition
NAME **Donna Kuhlmeier**
STREET ADDRESS **12008 South Shore Blvd Ste 106**
CITY-ST-ZIP **Wellington FL 33414**

TITLE **Associate Vice President** ☐ Change ☒ Addition
NAME **Susan Harding**
STREET ADDRESS **5355 Town Center Rd Ste 401**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Legal Counsel** ☐ Change ☒ Addition
NAME **Kent L. Bennett**
STREET ADDRESS **7705 SW 84th Ave Ste 201**
CITY-ST-ZIP **Miami, FL 33173** **NOT AN OFFICER**

TITLE **OR DIRECTOR** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 561.447.0696