## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N24994** 1. Entity Name SOUTH EAST FLORIDA APARTMENT ASSOCIATION,

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90410 003 \*\*\*\*70.00

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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		4000		eren eren ere	** \$1811 \$1211 \$14	[7181 B) JOD1		
2. Principal P 띡니니O P		ness - No P.O. Box #	3. Mailing Address 4440 PGA Boulevard				EIRTE IONE FAMILIE	HEN ENN DID	RINT DIEN DIE	1940) Of 1891
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City & State		( ) . CI	City & State Palm Beach Gardens, FL		4. FEI Number 65-003688			<u> </u>	oplied For	
	encw	Gardens, FL	ZIP		intry	05-003000	90			ot Applicable
Zip 33410		Palm Beach	33410	Palm	Beach	5. Certificate of St	atus Desired		<b>\$8.75</b> Ack Fee Require	ditional ed
	6. Name	and Address of Current F	Registered Agent			7. Name and Add	ress of New Re	gistered A	\gent	
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BOCA RAT	ION, FL	33432				c 600			( <del>-</del> 0 )	
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			the purpose of changing its	registere	ed office or regist	ered agent, or both, in	the State of Flor	ida. I am f	familiar with,	and accept
the obligat	ions of regist	lered ageni.								
SIGNATURE.	Щ	11/16	- Executive	D . 4	ochr			4-24	4-08	
SIGNATORE.	Signeture, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE		
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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:	Mun Rele	Gresory	Brooks,	Executive	Director,	4-24-08, 561-44	17-069 
	SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR				Dete	Daytime Phone #	•