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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001744

1. Corporation Name

SOUTHEAST GABLES RESIDENTIAL ASSOCIATION, INC.

Principal Place of Business

1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134-3007

Mailing Address

1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134-3007



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

65-0733552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DURANA, AURELIO ESQ
1313 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33134-3007

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLET, GEORGE
STREET ADDRESS 245 CANDIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME DURANA, AURELIO ESQ
STREET ADDRESS 322 ALESIO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME MELLINGER, ROBERT L
STREET ADDRESS 315 CAMILO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME JAHN, F. LORRAINE
STREET ADDRESS 316 CANDIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME POLLACK, NORMAN
STREET ADDRESS 306 ALESIO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/6/99 (305) 446 3883

CR2E037 (1/98)