

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000011102 (7)

1. Corporation Name  
SOUTHEAST ASSOCIATION MANAGEMENT, INC.



Principal Place of Business

5061 NAPOLI DRIVE  
NAPLES FL 33940

Mailing Address

5061 NAPOLI DRIVE  
NAPLES FL 34103-0953

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
24 34103

Country

25

2a. Mailing Address

26 Po Box 11029

Suite, Apt. #, etc.

27 City & State

28 Naples Florida

Zip

Country

29 34101-1029

30 USA

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

65-0555089

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MACALISTER, COLLEEN J  
5061 NAPOLI DRIVE  
NAPLES FL 33940

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

34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MACALISTER, COLLEEN J	
STREET ADDRESS	P.O. BOX 7576 N/A	
CITY-ST-ZIP	NAPLES FL 33941	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MACALISTER, DANIEL L	
STREET ADDRESS	P.O. BOX 7576 N/A	
CITY-ST-ZIP	NAPLES FL 33941	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MacAlister, Colleen J	
13 STREET ADDRESS	5061 Napoli Dr.	
14 CITY-ST-ZIP	Naples, FL 34103-0953	
21 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MacAlister, Daniel L	
23 STREET ADDRESS	5061 Napoli Dr	
24 CITY-ST-ZIP	Naples, FL 34103-0953	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Colleen MacAlister*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97 944-434-9423

Date

Daytime Phone #

CR2E034 (9/96)