

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770664** (1)
1. Corporation Name
SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified 10/10/1983	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2499657	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**HART, JAMES W., JR.
2180 W. STATE RD. 434 SUITE 5000
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature typed or printed name of registered agent and date of application Print Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOBEL, BETTY	12 NAME	
STREET ADDRESS	4508 SUMMERGROVE	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, TERESA	22 NAME	HACK, DAVID
STREET ADDRESS	5549 BELLEWOOD ST.	23 STREET ADDRESS	5803 RED DAHLIA CT D
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO FL 32807
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MYRNA	32 NAME	LEFEW, MERNETTE
STREET ADDRESS	4533 SOUTHFIELD AVE	33 STREET ADDRESS	5540 BELLEWOOD ST
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	ORLANDO FL 32812
TITLE	VD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCADUTO, ELIZABETH	42 NAME	PD
STREET ADDRESS	4537 SOUTHFIELD AVE.	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASPIRAS, VICKIE	52 NAME	VD
STREET ADDRESS	5341 BELLEWOOD	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESINO, HELEN	62 NAME	FINGERMAN, RHONDA
STREET ADDRESS	5588 FAIRFAX ST.	63 STREET ADDRESS	5544 BELLEWOOD ST
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	ORLANDO FL 32812

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: **5/12/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Exhibit Form 8