

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770664 (1)

1. Corporation Name
SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779	Mailing Address 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779-5044
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3. Date Incorporated or Qualified 10/10/1983	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 59-2499657	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HACK, DAVID		1.2 NAME MATHRE, LORNE	
STREET ADDRESS 5803 RED DAHLIA CT D		1.3 STREET ADDRESS 5525 BELLEWOOD ST	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP ORLANDO FL	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFEW, MERNETTE		2.2 NAME LEFEW, MERNETTE	
STREET ADDRESS 5540 BELLEWOOD ST		2.3 STREET ADDRESS 5540 BELLEWOOD ST	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP ORLANDO FL	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCADUTO, ELIZABETH		3.2 NAME SCADUTO, ELIZABETH	
STREET ADDRESS 4537 SOUTHFIELD AVE.		3.3 STREET ADDRESS 4537 SOUTHFIELD AVE	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP ORLANDO FL	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASPIRAS, VICKIE		4.2 NAME WILSON, MYRNA	
STREET ADDRESS 5341 BELLEWOOD		4.3 STREET ADDRESS 4533 SOUTHFIELD AVE	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME HACK, DAVID	
STREET ADDRESS		5.3 STREET ADDRESS 5803 RED DAHLIA CT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME PRUETTE, SANDY	
STREET ADDRESS		6.3 STREET ADDRESS 4532 SUMMERGROVE AVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ORLANDO FL	

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 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: **4/14/97** **277-6883**

CR2E037 (9/96)