

FILE NOW: FILING FEE IS \$61.25

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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 10/10/1983	
4. FEI Number 59-2499657	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
Zip 29	Country 30

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACK, DAVID	1.2 NAME	HANST, LINDA
STREET ADDRESS	5803 RED DAHLIA CT D	1.3 STREET ADDRESS	5500 FAIRFAX ST
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	PD DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFEW, MERNETTE	2.2 NAME	BARROS, SUZANNE
STREET ADDRESS	5540 BELLEWOOD ST	2.3 STREET ADDRESS	4501 SOUTHFIELD AVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCADUTO, ELIZABETH	3.2 NAME	
STREET ADDRESS	4537 SOUTHFIELD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VD DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASPIRAS, VICKIE	4.2 NAME	CROOKS, BELVA
STREET ADDRESS	5341 BELLEWOOD	4.3 STREET ADDRESS	4570 SUMMERGROVE AVE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32812
TITLE	D DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHRE, LORNE	5.2 NAME	PRUETTE, SANDY
STREET ADDRESS	5525 BELLEWOOD ST	5.3 STREET ADDRESS	4532 SUMMERGROVE AVE
CITY-ST-ZIP	ORLANDO F	5.4 CITY-ST-ZIP	ORLANDO FL 32812
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MYRNA	6.2 NAME	
STREET ADDRESS	4533 SOUTHFIELD AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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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.

SIGNATURE *Sandra B. Mortham* **LINDA J. HANST** 3-10-98 240-1216

CF2E037 (10/97)