

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90019 009 \*\*\*\*61.25



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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # 770664

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/10/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2499657
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

HART, JAMES W., JR.  
2180 W. STATE RD. 434 SUITE 5000  
LONGWOOD FL 32779

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANST, LINDA	1.2 NAME	
STREET ADDRESS	5500 FAIRFAX ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROS, SUZANNE	2.2 NAME	D OSWALD, RICHELLE
STREET ADDRESS	4501 SOUTHFIELD AVE	2.3 STREET ADDRESS	4536 SUMMERGROVE AVE
CITY-ST-ZIP	ORLANDO FL 32807	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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOKS, BELVA	4.2 NAME	
STREET ADDRESS	4570 SUMMERGROVE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 33812	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUETTE, SANDY	5.2 NAME	
STREET ADDRESS	4532 SUMMERGROVE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO F 32812	5.4 CITY-ST-ZIP	
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	

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 \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)

770664

475696-90019-9

TITLE	T/D	DELETE	ADDITION	CHANGE
NAME			XX	
STREET ADDRESS	RAFFO, BETH-			
CITY ST ZIP	4541 SOUTHFIELD ORLANDO FL 32812			

TITLE	D	DELETE	ADDITION	CHANGE
NAME			XX	
STREET ADDRESS	BAUM, TOM			
CITY ST ZIP	5512 FAIRFAX ST ORLANDO FL 32812			

TITLE	VD	DELETE	ADDITION	CHANGE
NAME			XX	
STREET ADDRESS	HEPENSTAL, LINDA			
CITY ST ZIP	5548 BELLEWOOD ST ORLANDO FL 32812			

TITLE		DELETE	ADDITION	CHANGE
NAME				
STREET ADDRESS				
CITY ST ZIP				

TIT.E		DELETE	ADDITION	CHANGE
NAME				
STREET ADDRESS				
CITY ST ZIP				