2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770664

FILED Mar 25, 2004 Secretary of State

Entity Name: SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W. STATE RD. 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2499657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W., JR. 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD, FL 32779 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LUTZ. MIKE HEPENSTAL, LINDA Name: Name: 4512 SUMMERGROVE AVE Address: 5548 BELLEWOOD ST Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: VD Title: SD (X) Change () Addition () Delete HEPENSTAL, LINDA Name: WILSON, MYRNA Name: Address: 5548 BELLEWOOD ST Address: 4533 SOUTHFIELD AVE City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: TD (X) Change () Addition WILSON, MYRNA L LUTZ, MIKE Name: Name: 4533 SOUTHFIELD AVE 4512 SUMMERGROVE AVE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 () Delete Title: PD Title: (X) Change () Addition Name: MAY, JEANNE Name: WULFF, THERESA 5525 FAIRFAX ST 4549 SOUTHFIELD AVE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: (X) Change () Addition DOWNS, CHARLOTTE SCADUTO, ELIZABETH Name: Name: 4581 SOUTHFIELD AVENUE 4537 SOUTHFIELD AVE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812 Title: (X) Delete Title: () Change () Addition WULFF, THERESA Name: Name: Address: 4549 SOUTHFIELD AVE Address: ORLANDO, FL 32812 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HEPENSTAL PD 03/25/2004