

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770664

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2499657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: HEPENSTAL, LINDA  
Address: 5548 BELLEWOOD ST  
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete  
Name: WILSON, MYRNA  
Address: 4533 SOUTHFIELD AVE  
City-St-Zip: ORLANDO, FL 32812

Title: TD ( ) Delete  
Name: LUTZ, MIKE  
Address: 4512 SUMMERGROVE AVE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: WULFF, THERESA  
Address: 4549 SOUTHFIELD AVE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: SCADUTO, ELIZABETH  
Address: 4537 SOUTHFIELD AVE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BAKER, SCOTT  
Address: 5537 BELLEWOOD ST  
City-St-Zip: ORLANDO, FL 32812

Title: VPD (X) Change ( ) Addition  
Name: HEPENSTAL, LINDA  
Address: 5548 BELLEWOOD ST  
City-St-Zip: ORLANDO, FL 32812

Title: SD (X) Change ( ) Addition  
Name: HOLLOWAY, ELIZABETH  
Address: 4553 SOUTHFIELD AVE  
City-St-Zip: ORLANDO, FL 32812

Title: TD (X) Change ( ) Addition  
Name: WULFF, THERESA  
Address: 4549 SOUTHFIELD AVE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: DONELSON, MARGARET  
Address: 5516 FAIRFAX ST  
City-St-Zip: ORLANDO, FL 32812

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: SCOTT BAKER

PD

03/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date