

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770664

FILED
Mar 07, 2006
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: BAKER, SCOTT
Address: 5537 BELLEWOOD ST
City-St-Zip: ORLANDO, FL 32812

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: LYNCH, CHRIS
Address: 4581 SOUTHFIELD AVE
City-St-Zip: ORLANDO, FL 32812

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

Title: D (X) Change () Addition
Name: OGNOWSKI, PETER
Address: 5537 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 Chapter 119, 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: ELIZABETH HOLLOWAY

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date