


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 011 ****61.25

DOCUMENT # 770664					
1. Entity 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, JAMES W., JR. 2180 W. STATE RD. 434 SUITE 5000 LONGWOOD, FL 32779			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLOWAY, ELIZABETH		NAME	BARLOW, JESSICA	
STREET ADDRESS	4553 SOUTHFIELD AVE		STREET ADDRESS	5529 BELLEWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEPENSTAL, LINDA		NAME	DIXON, MARY BETH	
STREET ADDRESS	5548 BELLEWOOD ST		STREET ADDRESS	5533 BELLEWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONELSON, MARGARET		NAME		
STREET ADDRESS	5516 FAIRFAX ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, CHRIS		NAME		
STREET ADDRESS	4581 SOUTHFIELD AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, TERRI		NAME		
STREET ADDRESS	4549 SOUTHFIELD AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGONOWSKI, PETER		NAME		
STREET ADDRESS	5537 FAIRFAX ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered ^{owners} .					
SIGNATURE: <u>Southern Villas Homeowners Assoc.</u>		Date: <u>4/19/07</u>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

