

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90219 032 ****61.25

0012265

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2499657**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 **D** Delete
NAME **LUTZ, MIKE**
STREET ADDRESS **4512 SUMMERGROVE AVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **TD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **HEPENSTAL, LINDA**
STREET ADDRESS **5548 BELLEWOOD ST**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **FINDORA, KATHLEEN**
STREET ADDRESS **4536 SUMMERGROVE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** Change Addition
NAME **WILSON, MYRNA L.**
STREET ADDRESS **4533 SOUTHFIELD AVENUE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32812**

TITLE **PD** Delete
NAME **MAY, JEANNE**
STREET ADDRESS **5525 FAIRFAX ST**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **DOWNS, CHARLOTTE**
STREET ADDRESS **4581 SOUTHFIELD AVENUE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WULFF, THERESA**
STREET ADDRESS **4549 SOUTHFIELD AVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE: *Jeanne May* **SIGNATURE REQUIRED** JEANNE MAY 3-13-03

CR2E037 (10/02)