

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 024 ****61.25

DOCUMENT # N04000001778 1. Entity Name SOUTHERNAIRE RESIDENTS ASSOCIATION, INC.			
Principal Place of Business SOUTHERN MOBIL HOME 1700 SANFORD RD MT DORA FL 32757		Mailing Address 18 CLIFF DR MT DORA FL 32757 <i>42 Morgan Ct, Mt. Dora, FL</i>	
2. Principal Place of Business - Not P.O. Box # <i>SOUTHERNAIRE RESIDENTS ASSOC. INC</i> Suite, Apt. #, etc. 1700 Sanford Rd City & State MT DORA, FL Zip 32757		3. Mailing Address <i>42 Morgan Ct</i> Suite, Apt. #, etc. City & State MT DORA, FL Zip 32757 Country LAKE	
6. Name and Address of Current Registered Agent COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701		7. Name and Address of New Director <i>Ron Cruz</i> <i>42 Morgan Ct</i> City MT DORA, FL Zip Code 32757	
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 <i>Ron Cruz President</i> DATE <i>4-17-2007</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	VPD	☒ Delete	TITLE
NAME	ROBINDEAUR, CHARLES		<i>PD RON CRUZ</i>
STREET ADDRESS	106 LISA DR		☒ Change ☐ Addition
CITY-STATE-ZIP	MOUNT DORA FL 32757		<i>42 Morgan Ct</i>
			<i>MOUNT DORA FL 32757</i>
TITLE	PD	☒ Delete	TITLE
NAME	GILLETTE, KEN		<i>VPD</i>
STREET ADDRESS	18 CLIFF DR		<i>JOHN KURTZ</i>
CITY-STATE-ZIP	MOUNT DORA FL 32757		<i>88 BARRY CT</i>
			<i>MOUNT DORA FL 32757</i>
TITLE	SD	☒ Delete	TITLE
NAME	SIMONEAU, TERRY		<i>SD</i>
STREET ADDRESS	16 DANIA CT		<i>BETTY ADAMS</i>
CITY-STATE-ZIP	MOUNT DORA FL 32757		<i>21 MILLER CT</i>
			<i>MOUNT DORA FL 32757</i>
TITLE	TD	☐ Delete	TITLE
NAME	CRUZ, LOU		<i>D</i>
STREET ADDRESS	42 MORGAN CT		<i>PAMELA BAKER</i>
CITY-STATE-ZIP	MT DORA FL 32757		<i>35 AUBRY CT</i>
			<i>MOUNT DORA FL 32757</i>
TITLE	D	☐ Delete	TITLE
NAME	FRIEND, KATE		
STREET ADDRESS	73 CLIFF DR		
CITY-STATE-ZIP	MOUNT DORA FL 32757		
TITLE	D	☐ Delete	TITLE
NAME	BISHOP, JERRY		
STREET ADDRESS	41 MORGAN CT		
CITY-STATE-ZIP	MT DORA FL 32757		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE: <i>Ron Cruz</i>		4-17-2007 352-735-5254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	