

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770664

Entity Name: SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 30, 2024
Secretary of State
8700276912CC

Current Principal Place of Business:

1255 WINTER GARDEN VINELAND RD
STE 230
WINTER GARDEN , FL 34787

Current Mailing Address:

PO BOX 785169
WINTER GARDEN , FL 34778 US

FEI Number: 59-2499657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASPIRE COMMUNITY MANAGEMENT ENTERPRISES, LLC
1255 WINTER GARDEN VINELAND RD
STE 230
WINTER GARDEN , FL 34787 US

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: KATHY BOLLO

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WULFF, THERESA
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR
Name LANGENDRIES, MARIA
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR, PRESIDENT
Name AKINWOLE, ADEKEMI
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR
Name RUIZ, NEYSA
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR, SECRETARY
Name BELL, REBECCA
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR, TREASURER
Name GOPAUL, JUDY
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

Title DIRECTOR, VP
Name RAMOS, EFRAIN
Address PO BOX 785169
City-State-Zip: WINTER GARDEN FL 34778

I hereby 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 all other like empowered.

SIGNATURE: JUDY GOPAUL

TREASURER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date