

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770664

**Entity Name:** SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3203 LAWTON RD  
STE 130  
ORLANDO, FL 32803

**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  
3203 LAWTON RD  
STE 130  
ORLANDO, FL 32803 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

01/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title            DIRECTOR  
Name            SEARLE, VIRGINIA  
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:** THERESA WULFF

PRESIDENT

01/23/2022

Electronic Signature of Signing Officer/Director Detail

Date