## **FILED** Jan 12, 2007 8:00 am Secretary of State

ANNUAL REPORT	ION
DOCUMENT # 719292	6 TH 51

1. Entity Nar SOUTHE		OME OWNERS /	ASSOCIA	ATION, INC.			(	01-12-2007	90016 (	014 ****6	51.25
Principal Place 630 S HILL DELAND, FL		us	630	ng Address S HILL AVE AND, FL 32724	US	-					
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Ma	iling Address	<del>t</del>						
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			01062007 Chg-NP CR2E037 (12/06)				
City & State		Ci	City & State			4. FEI Number 59-1430648				oplied For ot Applicable	
Zip		Country	Zì	P	Country		5. Certificate of S	tatus Desired		\$8.75 Ade	ditional ed
	6. Name	and Address of Curr	ent Register	ed Agent			7. Name and Add	tress of New R	egistered /	Agent	
MCEARLA	ND CON	NIE			Nar	ne					
MCFARLAND, CONNIE 630 S HILL AVE DELAND, FL 32724				Stre	et Address (	P.O. Box Number is	Not Acceptable	9)			
					City	<u> </u>		<del></del>	FL	Zip Cod	e
8. The above	named entity	y submits this statemen	nt for the purp	cose of changing its	registered offic	 ce or register	ed agent, or both, in	the State of Flo		familiar with,	and accept
the obligat	tions of regist	tered agent.	سسنن	. 1	1				,	,	
SIGNATURE	Signature, typed	nie 117	gent and title if ap	land picable. (NOTE	: Hegistered Agent	CAS.	inelia (when reinstating)		1/6	107	
								Γ	, 2,,,,,		
Filing Fee is \$61.25 Due by May 1, 2007			Election Campaign Financing     Trust Fund Contribution.						o navabla e	_	
	-						\$5.00 May Be Added to Fees		ake checi Ida Depar	tment of S	
10.	-		DIRECTORS	Trust Fund C				Flor	lda Depar	tment of S	tate
TITLE	Due by M	OFFICERS AND	DIRECTORS	Trust Fund C	11,		Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	Ida Depar	tment of S	tate
TITLE NAME	P MCFARLA	OFFICERS AND AND, LARRY J	DIRECTORS	Trust Fund C	11.		Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	Ida Depar	tment of S	tate
TITLE NAME STREET ADDRESS	P MCFARLA 630 S HIL	OFFICERS AND AND, LARRY J L AVE	DIRECTORS	Trust Fund C	11. TITLE NAME STREET ADDR	P J. 630	Added to Fees  ADDITIONS/CHANG  Larry M  S. Hill H	Flor ES TO OFFICE CFarla	RS AND DI	tment of S	tate
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P MCFARLA 630 S HIL DELAND.	OFFICERS AND AND, LARRY J	DIRECTORS	Trust Fund C	Ontribution.  11.  TITLE NAME STREET ADOR CITY-ST-ZIP	P J. 630	Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	RS AND DI	tment of SI RECTORS IN Change	tate 1 10 Addition
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Once Medical States 1/6/07 -9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dele