


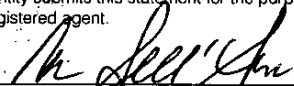
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 033 ****61.25

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DOCUMENT # 757334			
1. Entity Name SOUTHLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1125-68TH AVE.DRIVE, W. BRADENTON, FL 34207		Mailing Address 1125-68TH AVE.DRIVE, W. BRADENTON, FL 34207	
2. Principal Place of Business DELLCOR MANAGEMENT, INC. Suite, Apt. #, etc. 310 PEARL AVE		3. Mailing Address DELLCOR MANAGEMENT, INC. Suite, Apt. #, etc. 310 PEARL AVE.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34243		Country USA	
4. FEI Number 59-2146307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
B. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRAHAM, GEORGE L. 1103-68TH AVENUE DRIVE, W. BRADENTON, FL 34207		Name DELLCOR MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 310 PEARL AVE. City SARASOTA FL Zip Code 34243	
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: 		DANIEL DELL'ARMI	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	TSD ABRAHAM, GEORGE L. 1103-68TH AVE.DRIVE, W. BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATURANA, RICARDO N 1121 68TH AVE DR W BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNDER, CAROL 1227 68TH AVE. DR. WEST BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O N D E R, Carol <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOISE, MIKE PO BOX 188 TALLEVAST, FL 34270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUYTON, JAMES E II 1132 68TH AVE DR W BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		4-7-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	