


OK

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90191 002 \*\*\*\*61.25

<b>DOCUMENT # 757334</b>					
1. Entity Name SOUTHLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business DELLCOR MGMT INC 310 PEARL AVE SARASOTA, FL 34243			Mailing Address DELLCOR MGMT INC 310 PEARL AVE SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2146307	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELLCOR MGMT 1103-68TH AVENUE DRIVE, W. BRADENTON, FL 34207			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABIB, VERONICA		NAME	BOISE, MIKE	
STREET ADDRESS	1231 68TH AVE DR. W.		STREET ADDRESS	1217 68th Ave Dr.W.	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	Bradenton FL 34207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATURANA, RICARDO N		NAME	DAHL, MARGAET	
STREET ADDRESS	1121 68TH AVE DR W		STREET ADDRESS	8304 MAREVA LANE	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONDER, CAROL		NAME	GUYTON, JAMES	
STREET ADDRESS	1227 68TH AVE. DR. WEST		STREET ADDRESS	1132 68th Ave Dr.W.	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	Bradenton FL 34207	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Michael Boise</u>			Date: <u>4-29-08</u> 941-358-3366		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
MICHAEL BOISE					