

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB -8 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760839 (1)

1. Corporation Name

SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

855 US 41 BY PASS S
VENICE FL 34292

855 US 41 BY PASS S
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1981 3a. Date of Last Report 02/01/1994

4. FBI Number 65-0127296 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ADAMS, CARL F.
855 US 41 BYPASS SOUTH
VENICE FL 33592

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
857 US 41 BYPASS SOUTH
83
84 City FL 85 Zip Code 34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ADAMS, CARL F.
STREET ADDRESS	855 US #41 BYPASS S.
CITY-ST-ZIP	VENICE, FL 00000
TITLE	TD
NAME	KELLY, JAMES L.
STREET ADDRESS	853 VENICE BYPASS SOUTH
CITY-ST-ZIP	VENICE, FL 00000
TITLE	TD
NAME	KELLY, JAMES L.
STREET ADDRESS	853 U.S. #41 BYPASS
CITY-ST-ZIP	VENICE, FL
TITLE	S
NAME	HOGAN, CHARLENE
STREET ADDRESS	855 US 41 BYPASS S
CITY-ST-ZIP	VENICE FL
TITLE	VP
NAME	HURT, BILL
STREET ADDRESS	859 VENICE BY PASS S.
CITY-ST-ZIP	VENICE FL
TITLE	SD
NAME	HOGAN, CHARLENE
STREET ADDRESS	855 VENICE BY PASS S.
CITY-ST-ZIP	VENICE FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	857 US 41 BYPASS SOUTH
1.4 CITY-ST-ZIP	VENICE FL. 34292
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34292
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	"DELETE" SAME AS LEAVE ABOVE
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	34292
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	"DELETE" SAME AS LEAVE ABOVE
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl F. Adams Pres.* CARL F. ADAMS PRES. 1-17-95 813-485-3572