

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **11/25/1981** 3a. Date of Last Report **02/08/1995**
4. FEI 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**
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.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**ADAMS, CARL F.
857 US 41 BYPASS SOUTH
VENICE FL 34292**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Carl F. Adams Pres.* DATE **2-27-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, CARL F.	
STREET ADDRESS	857 US 41 BYPASS SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES L.	
STREET ADDRESS	853 VENICE BYPASS SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOGAN, CHARLENE	
STREET ADDRESS	853 U.S. #41 BYPASS	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HURT, BILL	
STREET ADDRESS	859 VENICE BY PASS SOUTH	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY / D
3.3 STREET ADDRESS	HOGAN, CHARLENE
3.4 CITY-ST-ZIP	853 US #41 BYPASS VENICE, FL. 34292
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001730921
5.3 STREET ADDRESS	03/04/96-01082-011
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 119.07(3)(k), 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 the receiver 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.* DATE: **1-22-96** 941
Signature and typed or printed name of signing officer or director Daytime Phone # **485-8572**

CR2E037 (12/95)