FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

FILED NONPROFIT FLORIDA DEPARTMENT Feb 06 1998 8:00am STATE CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of Sta Secretary of State DIVISION OF CORPOR 1998 TIONS DOCUMENT # 760839 (1) SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 855 US 41 BY PASS S 855 US 41 BY PASS S 3. Date Incorporated or Qualified VENICE FL 34292 VENICE FL 34292 11/25/1981 4. FEI Number Applied For 65-0127296 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 21 26 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 ☐ Yes Zlp Country Zip 8. This corporation owes or has paid the current year intangible 30 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 31 ADAMS, CARL F. Street Address (P.O. Box Number is Not Acceptable) 857 US 41 BYPASS SOUTH VENICE FL 34292 23 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sites. SIGNATURE Signature, typed or printed name of registered agent and title if applicable gent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ☐ Change ADAMS, CARL F. NAME 857 US 41 BYPASS SOUTH R2E037 STREET ADDRESS T ADDRESS VENICE FL 34292 CITY-ST-ZIP ST- ZIP DELETE TITLE TD __ Change Addition KELLY, JAMES L. NAME 853 VENICE BYPASS SOUTH STREET ADDRESS T ADDRESS VENICE FL 34292 CITY-ST ZIP - S? - ZIP DELETE TITLE Change Addition HOGAN, CHARLENE NAME 853 U.S. #41 BYPASS STREET ADDRESS T ADDRESS VENICE FL 34292 CITY-ST-ZIP ST-ZIF DELETE TITLE ☐ Change Addition HURT, BILL NAME 859 VENICE BY PASS SOUTH STREET ADDRESS T ANDRESS VENICE FL CITY - ST - ZIP ST-21F DELETE TITLE ☐ Change ___ Addition NAME STREET ADDRESS T ADDRESS CITY-ST-ZIP ST-ZIP DELETE Change ___ Addition NAME STREET ADDRESS T ADDRESS ST-ZIP I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental applical report is the and a notion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an a report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation and the corporation of the corp

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