
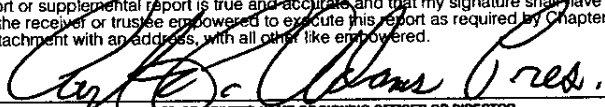


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 030 ****61.25

DOCUMENT # 760839			
1. Entity Name SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 855 US 41 BY PASS S VENICE, FL 34292		Mailing Address 855 US 41 BY PASS S VENICE, FL 34292	
2. Principal Place of Business 857 US-41 BYPASS S. Suite, Apt. #, etc.		3. Mailing Address 857 US-41 BYPASS S. Suite, Apt. #, etc.	
City & State VENICE, FL		City & State VENICE, FL	
Zip 34285		Country FLORIDA	
4. FEI Number 65-0127296		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 ADAMS, CARL F. 857 US 41 BYPASS SOUTH VENICE, FL 34292		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
34285		34285	
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, 2004		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	PD <input type="checkbox"/> Delete	TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CARL F.	NAME	CARL F. ADAMS
STREET ADDRESS	857 US 41 BYPASS SOUTH	STREET ADDRESS	857 US-41 BYPASS S.
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	VENICE, FL 34285
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDES, MARIAN	NAME	
STREET ADDRESS	594 FLAMINGO DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, CHARLENE	NAME	
STREET ADDRESS	853 U.S. #41 BYPASS	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURT, BILL	NAME	
STREET ADDRESS	859 VENICE BY PASS SOUTH	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	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 exemption stated in Section 119.07(3)(i), 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: 		Date: 1/12/04 941-485-8572	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	