


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760839</b>	
1. Entity Name SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 857 US 41 BYPASS S. VENICE, FL 34285	Mailing Address 857 US 41 BYPASS S. VENICE, FL 34285
--	--

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0127296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

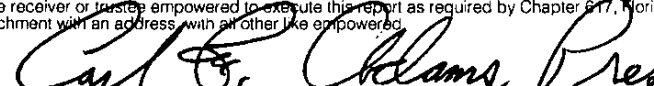
6. Name and Address of Current Registered Agent  ADAMS, CARL F. 857 US 41 BYPASS SOUTH VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____	U000000581615 01/10/07-80094-023 61.25
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADAMS, CARL F. 857 US 41 BYPASS SOUTH VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARDES, MARIAN 12509 SAFE HARBOR DR. CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLEMING, DOUGLAS 853 US 41 BYPASS SOUTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGETTYIGAN, PATRICK 853 US 41 BYPASS S. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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.	
<b>SIGNATURE:</b> 	Date <u>1/3/07</u> Daytime Phone # <u>941-485-8572</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	