


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 008 ****61.25

DOCUMENT # 760839					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
ADAMS, CARL F. 857 US 41 BYPASS SOUTH VENICE, FL 34285			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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		<i>Carl F. Adams Pres</i>		DATE <i>1/4/08</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	PSD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CARL F.		NAME	ADAMS, CARL F.	
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	12509 SAFE HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	CORTEZ, FL 34215		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, DOUGLAS		NAME	SHAPIRO, BOB	
STREET ADDRESS	853 US 41 BYPASS SOUTH		STREET ADDRESS	853 US 41 BYPASS S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGETTYGAN, PATRICK		NAME	SHAPIRO, WALLACE	
STREET ADDRESS	853 US 41 BYPASS S.		STREET ADDRESS	859 US 41 BYPASS S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
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 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.					
SIGNATURE:		<i>Carl F. Adams Pres</i>		DATE <i>1/4/08</i> 941-485-8572	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



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