

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# 760839

Entity Name: SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

857 US 41 BYPASS S.  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

857 US 41 BYPASS S.  
VENICE, FL 34285

**New Mailing Address:**

FEI Number: 65-0127296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, CARL F.  
857 US 41 BYPASS SOUTH  
VENICE, FL 34285      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: ADAMS, CARL F.,  
Address: 857 US 41 BYPASS SOUTH  
City-St-Zip: VENICE, FL 34285

Title: TD      ( ) Delete  
Name: ARDES, MARIAN  
Address: 12509 SAFE HARBOR DR.  
City-St-Zip: CORTEZ, FL 34215

Title: V      ( ) Delete  
Name: SHAPIRO, BOB  
Address: 853 US 41 BYPASS  
City-St-Zip: VENICE, FL 34285

Title: S      ( ) Delete  
Name: SHAPIRO, WALLACE  
Address: 859 US 41 BYPASS S  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL F. ADAMS

PDS

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date