


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90837 034 ****61.25

DOCUMENT # 760839

1. Entity Name
SOUTHLAND PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
855 US 41 BY PASS S **855 US 41 BY PASS S**
VENICE FL 34292 **VENICE FL 34292**

2. Principal Place of Business 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 **\$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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ADAMS, CARL F.	<input type="checkbox"/> Delete
STREET ADDRESS	857 US 41 BYPASS SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE NAME	TD ARDES, MARIAN	<input type="checkbox"/> Delete
STREET ADDRESS	594 FLAMINGO DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE NAME	SD HOGAN, CHARLENE	<input type="checkbox"/> Delete
STREET ADDRESS	853 U.S. #41 BYPASS	
CITY-ST-ZIP	VENICE FL 34292	
TITLE NAME	VP HURT, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	859 VENICE BY PASS SOUTH	
CITY-ST-ZIP	VENICE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: *Carl F. Adams* 1/7/03 941-485-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)