


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90086 016 \*\*\*\*61.25

**DOCUMENT # 762008**

1. Entity Name  
**SOUTHERN BELLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 513 EAST MARION AVE.  
 PUNTA GORDA, FL 33950

Mailing Address  
 265 TAMiami TRAIL  
 PUNTA GORDA, FL 33950 US

94029435



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 100 SULLIVAN ST  
 Suite 119

City & State  
 PUNTA GORDA FL

Zip Country  
 33950 US

03082004 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent

GREENE, JOAN F  
 265 TAMiami TR  
 PUNTA GORDA, FL 33950

4. FEI Number  
 59-2389385

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 100 SULLIVAN ST  
 STE 119

City PUNTA GORDA FL Zip Code 33950

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 *Joan F Greene* DATE 3/16/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2004

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GATHRO, LOUIS	513 E MARION AVE #1	PUNTA GORDA, FL 33952	<input type="checkbox"/>
VPD	DURAND, RAY	513 E. MARION AVE.	PUNTA GORDA, FL	<input checked="" type="checkbox"/>
VPD	GOULD, ALVIN	115 TAMiami TR UNIT 2102	PUNTA GORDA, FL 33950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	MARY BEST	513 E MARION AVE	PUNTA GORDA FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* DATE: 3/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR