
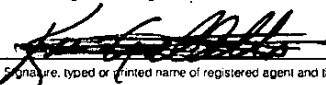
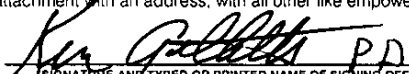


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90191 039 ****61.25

DOCUMENT # N04000001778 1. Entity Name SOUTHERNAIRE RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 1700 SANFORD RD MT DORA, FL 32757				Mailing Address 1700 SANFORD RD MT DORA, FL 32757	
2. Principal Place of Business 1700 Sanford Rd				3. Mailing Address 180 Cliff Dr	
Suite, Apt. #, etc. 1700 Sanford Rd				Suite, Apt. #, etc. 180 Cliff Dr	
City & State Mt Dora Fl				City & State Mt Dora Fl	
Zip 32757				Zip 32757	
Country Lake				Country Lake	
4. FEI Number 59-2810406				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 COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, SANDRA L 6 CURRIN BLVD MT DORA, FL 32757 DIRECTOR		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD CHARLES ROBIDEAUX 106 LISA DR MT DORA, FL 32757 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELL, JOHN 14 DANA CR MT DORA, FL 32757 DIRECTOR		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD KEN GILLATTIE 18 CLIFF DR MT DORA, FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POIRIER, RAY 57 DALE CT MT DORA, FL 32757 DIRECTOR		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD TERRY SIMONEAU 16 DANA CT MT DORA, FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUZ, LOU 42 MORGAN CT MT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD KATE FRIEND 73 CLIFF DR MT DORA, FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLARD, VICTOR 56 DALE CT MT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, JERRY 41 MORGAN CT MT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 4-26-06 352-383-2419 </div> <small>Date Daytime Phone #</small>					