2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90387 024 ****61.25

DOCUMENT # **N04000001778**

1. Entity Name

SOUTHERNAIRE RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SOUTHERN MOBIL HOME 1700 SANFORD RD MT DORA FL 32757	~~18 CLIFF DR~~ ~~MT DORA FL 32757~~ 42 MORGAN -1 Mt. DORA, FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SouthernaireResidents Assoc, Inc	42 Morgan Ct
Suite, Apt. #, etc. 1706 Sanford Rd	Suite, Apt. #, etc.
City & State Mt DORA, FL	City & State Mt DORA, FL
Zip 32757 / Country LAKE	Zip 32757 / Country LAKE

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2810406 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLING, LEE J 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	Ron Cruz 42 Morgan Ct City: Mt DORA, FL FL Zip Code 32757

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 Ron Cruz President 4-17-2007

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD ☒ Delete		TITLE PD RON CRUZ ☒ Change ☐ Addition	
NAME	ROBINDEAUR, CHARLES	NAME	
STREET ADDRESS	106 LISA DR	STREET ADDRESS	42 Morgan Ct
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	MOUNT Dora Fl 32757
TITLE PD ☒ Delete		TITLE VPD ☒ Change ☐ Addition	
NAME	GILLETTE, KEN	NAME	John Kurtz
STREET ADDRESS	18 CLIFF DR	STREET ADDRESS	88 Barry CT
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	MOUNT Dora Fl 32757
TITLE SD ☒ Delete		TITLE SD ☒ Change ☐ Addition	
NAME	SIMONEAU, TERRY	NAME	Betty Adams
STREET ADDRESS	16 DANIA CT	STREET ADDRESS	21 Miller CT
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	MOUNT Dora Fl 32757
TITLE TD ☐ Delete		TITLE D ☐ Change ☒ Addition	
NAME	CRUZ, LOU	NAME	Pamela Baker
STREET ADDRESS	42 MORGAN CT	STREET ADDRESS	35 Aubry CT
CITY-ST-ZIP	MT DORA FL 32757	CITY-ST-ZIP	MOUNT Dora Fl 32757
TITLE D ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME	FRIEND, KATE	NAME	
STREET ADDRESS	73 CLIFF DR	STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	
TITLE D ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME	BISHOP, JERRY	NAME	
STREET ADDRESS	41 MORGAN CT	STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL 32757	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ron Cruz Ron Cruz 4-17-2007 352-735-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #