


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000001778	
1. Entity Name SOUTHERNAIRE RESIDENTS ASSOCIATION, INC.	

Principal Place of Business SOUTHERN MOBIL HOME 1700 SANFORD RD MT DORA, FL 32757	Mailing Address 42 MORGAN CT MT DORA, FL 32757
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02062008 No Chg-NP CR2E037 (4/06)

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

CRUZ, RON
42 MORGAN CT
MOUNT DORA, FL 32757

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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* DATE 2-12-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, RON 42 MORGAN CT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KURTZ, JOHN 88 BARRY CT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, BETTY 21 MILLER CT MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUZ, LOU 42 MORGAN CT MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEND, KATE 73 CLIFF DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, JERRY 41 MORGAN CT MT DORA, FL 32757

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03/05/08-80002-024 61.25

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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: *Lou Cruz* *Lou Cruz* 2-12-08 353-735-5254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #