

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001778

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** SOUTHERNAIRE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

SOUTHERN MOBIL HOME  
1700 SANFORD RD  
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

42 MORGAN CT  
MT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-2810406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, RON  
42 MORGAN CT  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRUZ, RON  
Address: 42 MORGAN CT  
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD ( ) Delete  
Name: KURTZ, JOHN  
Address: 88 BARRY CT  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD ( ) Delete  
Name: ADAMS, BETTY  
Address: 21 MILLER CT  
City-St-Zip: MOUNT DORA, FL 32757

Title: TD ( ) Delete  
Name: CRUZ, LOU  
Address: 42 MORGAN CT  
City-St-Zip: MT DORA, FL 32757

Title: D ( ) Delete  
Name: FRIEND, KATE  
Address: 73 CLIFF DR  
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete  
Name: BISHOP, JERRY  
Address: 41 MORGAN CT  
City-St-Zip: MT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BAKER, PAM  
Address: 35 AUBREY CT  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD (X) Change ( ) Addition  
Name: WARD, JUDY  
Address: 79 CLIFF CT  
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON CRUZ

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date