SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N20514** **(8)**

1. Corporation Name
SOUTHERNAIRE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20 N ORANGE AVE SUITE 700 ORLANDO FL 32801	20 N ORANGE AVE SUITE 700 ORLANDO FL 32801

3. Date Incorporated or Qualified: **05/06/1987**
3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-2810406** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COLLING, LEE, JAY
20 N ORANGE AVE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CARLSON, LLOYD R	1.2 NAME	CARLSON, LLOYD R	in address
STREET ADDRESS	1700 SANFORD RD #40	1.3 STREET ADDRESS	40 MORGAN CT	
CITY-ST-ZIP	MT. DORA FL	1.4 CITY-ST-ZIP	MT. DORA FL. 32757	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	MEYER, HAROLD	2.2 NAME	JERRY BISHOP	new officer
STREET ADDRESS	1700 SANFORD ROAD, LOT 101	2.3 STREET ADDRESS	41 MORGAN CT.	
CITY-ST-ZIP	MT. DORA FL	2.4 CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	ARMAN, JACQUELYNE	3.2 NAME	BERNEICE HAGEMAN	in office & address
STREET ADDRESS	1700 SANFORD RD 72	3.3 STREET ADDRESS	79 CLIFF DR.	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	D	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	FISHER, HARLAN	4.2 NAME	BETTY PALMER E	in address
STREET ADDRESS	1700 SANFORD RD., LOT 47	4.3 STREET ADDRESS	107 LISA DR.	
CITY-ST-ZIP	MT. DORA FL	4.4 CITY-ST-ZIP	MT. DORA, FL	
TITLE	TD	5.1 TITLE	D	☑ Change ☐ Addition
NAME	PALMER, BETTY E	5.2 NAME	HARLAN FISHER	in address
STREET ADDRESS	1700 SANFORD RD 107	5.3 STREET ADDRESS	47 DEAN CT.	
CITY-ST-ZIP	MT. DORA FL	5.4 CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	D	6.1 TITLE	D	☐ Change ☑ Addition
NAME	HAGEMAN, BERNICE	6.2 NAME	BILL MAWER	new director
STREET ADDRESS	1700 SANFORD RD., LOT 79	6.3 STREET ADDRESS	63 CURRIN DR	
CITY-ST-ZIP	MT. DORA FL	6.4 CITY-ST-ZIP	MT. DORA FL 32757	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Lloyd R Carlson 6/30/95 9043832981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000400