

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N20514 (8)**  
1. Corporation Name  
**SOUTHERNAIRE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

20 N ORANGE AVE  
SUITE 700  
ORLANDO FL 32801

Mailing Address

20 N ORANGE AVE  
SUITE 700  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
**05/06/1987**

3a. Date of Last Report  
**07/07/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address **SOUTHERNAIRE  
HOMEOWNERS ASSOC., INC.**

26 Suite, Apt. #, etc.  
**P.O. BOX 1033**

27 City & State  
**MOUNT DORA, FL**

28 Zip  
**32757**

29 Country  
**LAKE**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CARLSON, LLOYD R	1700 SANFORD RD #40	MT. DORA FL	<input checked="" type="checkbox"/>
VD	MEYER, HAROLD	1700 SANFORD ROAD, LOT 101	MT. DORA FL	<input checked="" type="checkbox"/>
SD	ARMAN, JACQUELYNE	1700 SANFORD RD 72	MT. DORA FL	<input checked="" type="checkbox"/>
D	FISHER, HARLAN	1700 SANFORD RD., LOT 47	MT. DORA FL	<input checked="" type="checkbox"/>
TD	PALMER, BETTY E	1700 SANFORD RD 107	MT. DORA FL	<input type="checkbox"/>
D	HAGEMAN, BERNICE	1700 SANFORD RD., LOT 79	MT. DORA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	JERRY BISHOP	41 MORGAN COURT	MOUNT DORA, FL 32757	VD	HENRY BLANCHARD	49 DEAN COURT	MOUNT DORA, FL 32757	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	BERNEICE HAGEMAN	79 CLIFF DR.	MOUNT DORA, FL 32757	SD	BERNEICE HAGEMAN	79 CLIFF DR.	MOUNT DORA, FL 32757	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	BETTY PALMER	107 LISA DR.	MOUNT DORA, FL 32757	TD	BETTY PALMER	107 LISA DR.	MOUNT DORA, FL 32757	<input type="checkbox"/>	<input type="checkbox"/>
D	JOYCE MICHALAK	6 CURBIN BLVD	MOUNT DORA, FL 32757	D	JOYCE MICHALAK	6 CURBIN BLVD	MOUNT DORA, FL 32757	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	AROLD SCHAFER	66 BARRY COURT	MOUNT DORA, FL 32757	D	AROLD SCHAFER	66 BARRY COURT	MOUNT DORA, FL 32757	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-29-96 352-735-4914

CR2E037 (3/96)