

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 P O BOX 1033 SUITE 700 MOUNT DORA FL 32757 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, JERRY	1.2 NAME	
STREET ADDRESS	41 MORGAN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, HENRY	2.2 NAME	
STREET ADDRESS	49 DEAN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEMAN, BERNEICE	3.2 NAME	
STREET ADDRESS	78 CLIFF DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLITAN, JOHN	4.2 NAME	
STREET ADDRESS	88 BARRY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, JOHN	5.2 NAME	
STREET ADDRESS	77 CLIFF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, AROLD	6.2 NAME	
STREET ADDRESS	88 BARRY COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 _____ 3/24/98 3/27-1998-19-5

CR2E037 (10/97)