

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N20514**

1. Entity 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 32756-1033
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2810406

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees.**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BISHOP, JERRY	
STREET ADDRESS	41 MORGAN COURT	
CITY-ST-ZIP	MOUNT DORA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCHARD, HENRY	
STREET ADDRESS	49 DEAN COURT	
CITY-ST-ZIP	MOUNT DORA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	HAGEMAN, BERNEICE	
STREET ADDRESS	79 CLIFF DR	
CITY-ST-ZIP	MOUNT DORA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLITAN, JOHN	
STREET ADDRESS	88 BARRY COURT	
CITY-ST-ZIP	MT DORA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTS, JOHN	
STREET ADDRESS	77 CLIFF DRIVE	
CITY-ST-ZIP	MT DORA FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOU CRUZ	
STREET ADDRESS	42 MORGAN CT	
CITY-ST-ZIP	MT DORA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFER, AROLD	
STREET ADDRESS	66 BARRY COURT	
CITY-ST-ZIP	MOUNT DORA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE: [Signature]**FILED**
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90030 044 ****61.25



DO NOT WRITE IN THIS SPACE

2/2/00 352383680