

FILED  
Mar 26, 2002 8:00 am  
Secretary of State

03-26-2002 90010 016 \*\*\*\*61.25

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N20514(8)

1. Entity Name

SOUTHERNAIRE HOMEOWNERS  
ASSOCIATION INC

B0050336

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1700 SANFORD RD

3. Mailing Address

88 BARRY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MT DORA FL

City & State

MT DORA FL

4. FEI Number

59-2810406

Applied For

☐ Not Applicable

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name COLLINS, LEE, JAY

Street Address (P.O. Box Number is Not Acceptable)  
20 N. ORANGE AVE

City ORLANDO

FL

Zip Code 32801

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>WILL DENOMME</u>
STREET ADDRESS	<u>24 MILLER CT</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>
TITLE	<u>VP</u>
NAME	<u>ROY O'CONNOR</u>
STREET ADDRESS	<u>95 CURRIN BLVD</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>
TITLE	<u>SEC.</u>
NAME	<u>DEA HICKS</u>
STREET ADDRESS	<u>96 CURRAN BLVD</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>
TITLE	<u>T</u>
NAME	<u>JOHN COLLITON</u>
STREET ADDRESS	<u>88 BARRY CT</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>
TITLE	<u>D.</u>
NAME	<u>EILEEN JILL</u>
STREET ADDRESS	<u>14 DANA CT</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>
TITLE	<u>D.</u>
NAME	<u>LOU CRUZ</u>
STREET ADDRESS	<u>42 MORSAH CT</u>
CITY - ST - ZIP	<u>MT DORA FL 32757</u>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. COLLITON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

352-383-6805

Daytime Phone #

CR2E034B (12/01)