

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

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90041 050 \*\*\*\*61.25

**DOCUMENT #** N20514 (8)

**1. Entity Name**  
SOUTHERNAIRE HOMEOWNERS  
ASSOCIATION INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>88 BARRY CT</u>	<b>3. Mailing Address</b> <u>88 BARRY CT</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <u>MT DORA FL</u>	<b>City &amp; State</b> <u>MT DORA FL</u>	<b>4. FEI Number</b> <u>59-2810406</u>	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <u>32757</u>	<b>Country</b> <u>LAKE</u>	<b>Zip</b> <u>32757</u>	<b>Country</b> <u>LAKE</u>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <u>COLLING, LEE, JAY</u>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>20 N. ORANGE AVE</u>	
	<b>Suite</b> <u>700</u>	
		<b>City</b> <u>ORLANDO</u>
		<b>FL</b> <b>Zip Code</b> <u>32801</u>

**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** \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <u>PRESIDENT</u>	<b>NAME</b> <u>DEBI THICKS</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b> <u>9 CURRIN BLVD</u>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>MT DORA FL 32757</u>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> <u>V.P.</u>	<b>NAME</b> <u>JOHN JELLS</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b> <u>14 DANA CT</u>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>MT DORA FL 32757</u>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> <u>SEC.</u>	<b>NAME</b> <u>RAY POIRER</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b> <u>57 DALE CT</u>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>MT DORA FL 32757</u>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> <u>TREAS</u>	<b>NAME</b> <u>JOHN COLLITON</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b> <u>88 BARRY CT</u>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b> <u>MT DORA FL 32757</u>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>NAME</b>	
<b>CITY - ST - ZIP</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	

**13.** 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 607, Florida Statutes; and that my name appears in Block 11 or on an

JOHN B. COLLITON

CR2E034B (12/01)