FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000004188 (8)**

1. Corporation Name

THE SOUTHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11680 BONITA BEACH RD BONITA SPRINGS FL 33923	11680 BONITA BEACH RD BONITA SPRINGS FL 33923

2. Principal Place of Business 21 14848 Old U.S. 41	2a. Mailing Address 26 14848 Old U.S. 41
Suite, Apt. #, etc. 22 Unit 6	Suite, Apt. #, etc. 27 Unit 6
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip / Country 24 33963 / 25 Collier	Zip / Country 29 33963 / 30 Collier

3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 02/01/1995
4. FEI Number 65-0525382	☐ 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

BARTOS, BRIAN R
1625 HENDRY ST
SUITE 102
FT MYERS FL 33901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☒ DELETE	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	SCHWARZ, BERNHARD		1.2 NAME	SCHWARZ, BERNHARD	
STREET ADDRESS	11680 BONITA BEACH RD		1.3 STREET ADDRESS	14848 Old U.S. 41, Unit 6	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, MATTHEW T		2.2 NAME		
STREET ADDRESS	11680 BONITA BEACH RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHN C		3.2 NAME		
STREET ADDRESS	16517 VANDERBILT DR SUITE 1		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33923		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: S Schwarz Schwarz, B. President 4.4.96 (941)594 9775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #