

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004188 (8)

1. Corporation Name

THE SOUTHLANDS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14848 OLD US 41
UNIT 6
NAPLES FL 33963
US

04848 OLD US 41
UNIT 6
NAPLES FL 33963
US

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 14848 OLD US 41

26 14848 OLD US 41

22 Suite, Apt. #, etc.
UNIT 6

27 Suite, Apt. #, etc.
UNIT 6

23 City & State
NAPLES, FL

28 City & State
NAPLES FL

24 Zip
34110

25 Country
USA

29 Zip
34110

30 Country
USA

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SCHWARZ, BERNHARD
14848 OLD US 41 UNIT 6
NAPLES FL 34110 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
SYLVIE HAUBOLD
28420 WINTHROP CIRCLE
BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
MILLER, MATTHEW T
11680 BONITA BEACH RD
BONITA SPRINGS FL 33923 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVT
SIGRID T. STANLEY
27805 LUKE STR
BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, JOHN C
16517 VANDERBILT DR SUITE 1
BONITA SPRINGS FL 33923 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)