2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90059 025 ****61.25

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1. Entity Name
THE SOUTHLANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135 US	P.O. BOX 366458 BONITA SPRINGS, FL 34136 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
10131 BROOKRIDGE LN.	10131 BROOKRIDGE LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34135 Country: USA	Zip: 34135 Country: USA

4. FEI Number 65-0525382 ☐ 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
GABRIELSON, DAVID 10131 BROOKRIDGE LANE BONITA SPRINGS, FL 34135	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SCHWARZ, BERNHARD 24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID GABRIELSON 10131 BROOKRIDGE LN. BONITA SPRINGS, FL 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT HAUBOLD, SYLVIE 24916 FAIRWINDS LANE BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARILEE ROGERS 24958 FAIRWINDS LN. BONITA SPRINGS, FL 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWATRZ, TORSTEN 24916 FARIWINDS LANE BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS CATHRINE BACKOS 2478 PARADISE RD. BONITA SPRINGS, FL 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDOLPH HOWELL 24973 FAIRWINDS LN BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL DINWIDDIE 24948 FAIRWINDS LN BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: David Gabrielson D. GABRIELSON, PRES 2/14/05 239 949 4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #