

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90044 032 ****70.00

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1. Entity Name
THE SOUTHLANDS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~10131 BROOKRIDGE LN~~
BONITA SPRINGS, FL 34135 US
24973 Fairwinds Ln.

Mailing Address
~~10131 BROOKRIDGE LN~~
BONITA SPRINGS, FL 34135 US
24973 Fairwinds Ln.

60008243



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082006 Chg-NP CR2E037 (11/05)

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

GABRIELSON, DAVID
10131 BROOKRIDGE LANE
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
R.L. Howell

Street Address (P.O. Box Number is Not Acceptable)
24973 Fairwinds Ln.

City
Bonita Springs

FL 34135

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]

1-17-06

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, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIELSON, DAVID 10131 BROOKRIDGE LN BONITA SPRINGS, FL 34135	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, MARILEE 24957 FAIRWINDS LN BONITA SPRINGS, FL 34135	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BACKOS, CATHRINE 2478 PARADISE RD BONITA SPRINGS, FL 34135	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, RANDOLPH 24973 FAIRWINDS LN BONITA SPRINGS, FL 34135	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINWIDDIE, PAUL 24948 FAIRWINDS LN BONITA SPRINGS, FL 34135	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President R.L. Howell 24973 Fairwinds Lane Bonita Springs	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vicki Gabrielson 10131 Brookridge Ln. Bonita Springs, FL 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary [Signature]	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bridgett Scanlon 10170 Brookridge Ln. Bonita Springs, FL 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delegate Harris Canba 10170 Brookridge Ln. Bonita Springs, FL 34135	☒ Change ☐ Addition
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 exemptions contained in Chapter 119, 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:

[Signature]
President

1-17-06

1-239-498-2608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #