# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2007 8:00 am**
**Secretary of State**
02-08-2007 90038 007 ****61.25

DOCUMENT # N94000004188

1. Entity Name
THE SOUTHLANDS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 24973 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 US | 24973 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 US |

01212007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 24909 FAIRWINDS LANE | 24909 FAIRWINDS LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: BONITA SPRINGS, FL | City & State: BONITA SPRINGS, FL |
| Zip: 34135 Country: US | Zip: 34135 Country: US |

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 |
|---|---|
| MARLER, GREGORY W<br>% BECKER & POLIAKOFF, P.A.<br>4501 TAMIAMI TRAIL NORTH, SUITE 214<br>NAPLES, FL 34103 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Gregory W. Marler, Gregory W. Marler 2-6-07
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, 2007**

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 | PD<br>HOWELL, R.L.<br>24973 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GRAFF, C.K.<br>24909 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GABRIELSON, VICKI<br>10131 BROOKRIDGE LANE<br>BONITA SPRINGS, FL 34135 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STEVENS, ROSEMARY<br>24980 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BACKOS, CATHRINE<br>2478 PARADISE RD<br>BONITA SPRINGS, FL 34135 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KENSINGER, BONNALYN<br>24924 FAIRWINDS LANE<br>BONITA SPRINGS, FL 34135 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SCANLAN, BRIDGETT<br>10171 BROOKRIDGE LANE<br>BONITA SPRINGS, FL 34135 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAMBA, TRAVIS<br>10170 BROOKRIDGE LANE<br>BONITA SPRINGS, FL 34135 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CAMBRA, TRAVIS | ☑ 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 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:** CHARLES GRAFF 22 Jan 07 239 948 8162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #