

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005270

**Entity Name:** SOUTHERN HILLS PLANTATION HOMEOWNERS  
ASSOCIATION, INC.**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**0319641038CC****Current Principal Place of Business:**270 W. PLANT STREET  
SUITE 340  
WINTER GARDEN, FL 34787**Current Mailing Address:**270 W. PLANT STREET  
SUITE 340  
WINTER GARDEN, FL 34787 US**FEI Number: 20-2073532****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GLAUSIER KNIGHT AND JONES  
400 NORTH ASHLEY DRIVE  
SUITE 2020  
TAMPA, FL 33602 US*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.***SIGNATURE:** WESLEY JONES, ESQUIRE

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	JOHNSON, ELLEN
Address	270 W. PLANT STREET SUITE 340
City-State-Zip:	WINTER GARDEN FL 34787

Title	TREASURER
Name	NELSON, ROBERT
Address	270 W. PLANT STREET SUITE 340
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	SHIELDS, KATHLEEN
Address	270 W. PLANT STREET SUITE 340
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	BURR, GARRISON
Address	270 W. PLANT STREET SUITE 340
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	CULLEN, GERALD
Address	270 W. PLANT STREET SUITE 340
City-State-Zip:	WINTER GARDEN FL 34787

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ELLEN JOHNSON**PRESIDENT**

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date