

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000654

**FILED  
Mar 30, 2017  
Secretary of State  
CC0968212567**

**Entity Name:** SOUTHSORE FALLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SOUTHSORE FALLS HOA  
5831 CASCADE FALLS DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

SOUTHSORE FALLS HOA  
5831 CASCADE FALLS DRIVE  
APOLLO BEACH, FL 33572 US

**FEI Number: 05-0539520**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAREN WONSETLER, P.A.  
5728 MAJOR BLVD  
STE 307  
ORLANDO, FL 32819 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: KAREN WONSETLER**

**03/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HIGGINS, JOHN  
Address 5831 CASCADE FALLS DRIVE,  
City-State-Zip: APOLLO BEACH FL 33572

Title VP  
Name SMITH, PATRICIA  
Address 5831 CASCADE FALLS DRIVE,  
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER  
Name BARNARD, WAYNE  
Address 5831 CASCADE FALLS DRIVE,  
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT  
Name BELLEW, BRIAN  
Address 5831 CASCADE FALLS DRIVE,  
City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY  
Name WALLACE, RONALD  
Address 5831 CASCADE FALLS DRIVE,  
City-State-Zip: APOLLO BEACH FL 33572

*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: BRIAN BELLEW**

**PRESIDENT**

**03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date