

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

DOCUMENT# N04000000654

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

**Current Principal Place of Business:**

5831 CASCADE FALLS LANE  
APOLLO BEACH , FL 33572

**Current Mailing Address:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET SUITE 300  
KISSIMMEE, FL 34744 US

**FEI Number:** 03-0539520

**Certificate of Status Desired:** No

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

ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET  
SUITE 300  
KISSIMMEE, FL 34744 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:** DIANE BRASWELL

06/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	SECRETARY
Name	JACOBS, DAVID B	Name	EVANS, RONALD L
Address	C/O ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET SUITE 300	Address	C/O ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	TREASURER	Title	PRESIDENT
Name	HEATH, JEFFREY L	Name	SIMON, THOMAS M
Address	C/O ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET SUITE 300	Address	C/O ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** THOMAS SIMON

PRESIDENT

06/26/2024

Electronic Signature of Signing Officer/Director Detail

Date