

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000654

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: SOUTHSORE FALLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

27499 RIVERVIEW CENTER BLVD STE 238  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

27499 RIVERVIEW CENTER BLVD STE 238  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 05-0539520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

OMNI MANAGEMENT SERVICES  
27499 RIVERVIEW CENTER BLVD STE 238  
BONITA SPRINGS, FL 34134      US

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

LISTON, DAVID  
27499 RIVERVIEW CENTER BLVD STE 238  
BONITA SPRINGS, FL 34134      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: DAVID L. LISTON

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: NUNN, WILHELM  
Address: 3020 FALKENBURG RD. S.  
City-St-Zip: RIVERVIEW, FL 33569

Title: DP      ( ) Delete  
Name: MONOTTI, CANDIE  
Address: 3020 S FALKENBURG RD  
City-St-Zip: RIVERVIEW, FL 33578

Title: DST      ( ) Delete  
Name: STIDHAM, BRIAN  
Address: 3020 S FALKENBURG RD  
City-St-Zip: RIVERVIEW, FL 33578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D      (X) Change ( ) Addition  
Name: NUNN, WILHELM  
Address: 3020 FALKENBURG RD. S.  
City-St-Zip: RIVERVIEW, FL 33578

Title: D/VP      (X) Change ( ) Addition  
Name: MONOTTI, CANDIE  
Address: 3020 S FALKENBURG RD  
City-St-Zip: RIVERVIEW, FL 33578

Title: D/ST      (X) Change ( ) Addition  
Name: EGGIMANN, BRYAN  
Address: 3020 S FALKENBURG RD  
City-St-Zip: RIVERVIEW, FL 33578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILHELM NUNN

P/D

04/17/2009

Electronic Signature of Signing Officer or Director

Date