

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **747810** (0)

1. Corporation Name  
**S.O.CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 1112 W MAIN STREET, P.O. BOX 49-1113, LEESBURG FL 34719-8113  
Mailing Address: 1112 W MAIN STREET, P.O. BOX 49-1113, LEESBURG FL 34719-8113

3. Date Incorporated or Qualified: **06/25/1979**  
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2030167	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MASSEY, GARY E.**  
1112 W. CITURS COURT  
ALTAMONTE SPRINGS FL 32714

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>1112 W MAIN ST #J6</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, WILLIAMS</b>	2.2 NAME	
STREET ADDRESS	<b>1112 W. MAIN STREET #J7</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAXTON, E. E</b>	3.2 NAME	
STREET ADDRESS	<b>9541 SILVER LAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANCE, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1112 W MAIN ST #14</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGE, SALLY</b>	5.2 NAME	
STREET ADDRESS	<b>1112 W. MAIN ST. H-6</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEELEY, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>27 LONESOME PINE TRAIL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YALAHA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E. Elizabeth Braxton* 3/28/96 (352)-324-5091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)