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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1112 W MAIN STREET  
P.O. BOX 49-1113  
LEESBURG FL 34719-6113

1112 W MAIN STREET  
P.O. BOX 49-1113  
LEESBURG FL 34749-1113

3. Date Incorporated or Qualified  
06/25/1979

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2030167

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE  
NAME PRICE, JOSEPH  
STREET ADDRESS 1112 W MAIN ST #J6  
CITY-ST-ZIP LEESBURG FL

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME HAYES, WILLIAMS  
STREET ADDRESS 1112 W. MAIN STREET #J7  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD [ ] DELETE  
NAME BRAXTON, E. E  
STREET ADDRESS 9541 SILVER LAKE DRIVE  
CITY-ST-ZIP LEESBURG FL

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD [ ] DELETE  
NAME VANCE, JOHN  
STREET ADDRESS 1112 W MAIN ST #14  
CITY-ST-ZIP LEESBURG, FL 00000

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD [ ] DELETE  
NAME GAGE, SALLY  
STREET ADDRESS 1112 W. MAIN ST. H-6  
CITY-ST-ZIP LEESBURG FL

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME DEELEY, PAUL  
STREET ADDRESS 27 LONESOME PINE TRAIL  
CITY-ST-ZIP YALAHA FL

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. E. Braxton*

CR2E037 (9/96)