

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747810

1. Entity Name

S.O.CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 032 ****61.25

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 34749-1113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2030167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **L. D. Geiger, Jr.**
 Street Address (P.O. Box Number is Not Acceptable): **214-B N. 3rd. St.**
 City: **Leesburg** FL Zip Code: **34748**

8. 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:
 Signature typed or printed name of registered agent and title if applicable: **L. D. Geiger, Jr.** (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> Delete
NAME: SHELLEY, DORIS	
STREET ADDRESS: 1112 W. MAIN ST. #F6	
CITY-ST-ZIP: LEESBURG FL 34748	
TITLE: PD	<input type="checkbox"/> Delete
NAME: HAYES, WILLIAM	
STREET ADDRESS: 1112 W. MAIN STREET #J7	
CITY-ST-ZIP: LEESBURG FL	
TITLE: TD	<input checked="" type="checkbox"/> Delete
NAME: BRAXTON, E. E	
STREET ADDRESS: 9541 SILVER LAKE DRIVE	
CITY-ST-ZIP: LEESBURG FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: VANCE, JOHN	
STREET ADDRESS: 1112 W MAIN ST. #14	
CITY-ST-ZIP: LEESBURG FL	
TITLE: SD	<input type="checkbox"/> Delete
NAME: ABBEY, MARILYN	
STREET ADDRESS: 1112 W. MAINS STREET #E5	
CITY-ST-ZIP: LEESBURG FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: DEELEY, PAUL	
STREET ADDRESS: 27 LONESOME PINE TRAIL	
CITY-ST-ZIP: YALAHA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Rudy Simons #C6	
STREET ADDRESS: 1112 W. Main St.	
CITY-ST-ZIP: Leesburg, FL 34748	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Daniel Sullivan	
STREET ADDRESS: 1112 W. Main St. #B4	
CITY-ST-ZIP: Leesburg, FL 34748	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Vonda Leed	
STREET ADDRESS: 1112 W. Main St. #D7	
CITY-ST-ZIP: Leesburg, FL 34748	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Vonda Leed	
STREET ADDRESS: 1112 W. Main St. #D7	
CITY-ST-ZIP: Leesburg, FL 34748	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Henry Couture	
STREET ADDRESS: 33643 Shady Acres Rd.	
CITY-ST-ZIP: Leesburg, FL 34788	
TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Sue Geiger	
STREET ADDRESS: 214-B N. 3rd. St.	
CITY-ST-ZIP: Leesburg, FL 34748	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **William Hayes** Date: **21 Feb 00** Daytime Phone #: **(352) 365-2604**