


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90011 036 \*\*\*\*61.25

<b>DOCUMENT # 747810</b>					
1. Entity 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 214 N. THIRD STREET SUITE B LEESBURG, FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2030167				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEIGER, L D JR 214-B N 3RD ST LEESBURG, FL 34748			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, SUE		NAME	Mary Ellen Willis	
STREET ADDRESS	214-B N. THIRD STREET		STREET ADDRESS	1112W, Main Street J-5	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGE, SALLY		NAME	Johnny Good	
STREET ADDRESS	1112 W. MAIN STREET H-6		STREET ADDRESS	1112 W. Main Street D-5	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, WILLIAM		NAME	Rudy Simons	
STREET ADDRESS	1112 WEST MAIN ST. J-7		STREET ADDRESS	1112 W. Main Street C-6	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANCE, JOHN		NAME	Doris Shelley	
STREET ADDRESS	1112 W MAIN ST #14		STREET ADDRESS	1112 W. Main Street F-6	
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBEY, MARILYN		NAME		
STREET ADDRESS	1112 W. MAINS STREET #E5		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEELEY, PAUL		NAME		
STREET ADDRESS	1112 W. MAIN ST. C-4		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
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: <u>Aue Sigman</u>		2-25-04		352-787-401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	