


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 045 ****61.25

DOCUMENT # 747810					
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, SUE		NAME	William Hayes	
STREET ADDRESS	214-B N. THIRD STREET		STREET ADDRESS	1112 W. Main St. J-7	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGE, SALLY		NAME	Marilyn Abbey	
STREET ADDRESS	1112 W. MAIN STREET H-6		STREET ADDRESS	1112 W. Main St. E-5	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	P	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, WILLIAM		NAME	John D. Vance	
STREET ADDRESS	1112 WEST MAIN ST. J-7		STREET ADDRESS	1112 W. Main St. I-4	
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 checked="" type="checkbox"/> Addition
NAME	VANCE, JOHN		NAME	Paul Deeley	
STREET ADDRESS	1112 W MAIN ST #14		STREET ADDRESS	1112 West. Main St. C-4	
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBEY, MARILYN		NAME	Johnny Good	
STREET ADDRESS	1112 W. MAINS STREET #E5		STREET ADDRESS	1112 W. Main St. D-5	
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLY, DORIS		NAME	Rudy Simons	
STREET ADDRESS	1112 W. MAIN STREET F-6		STREET ADDRESS	1112 W. Main St. C-6	
CITY-ST-ZIP	LEESBURG, FL 34748		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: <i>Sue Geiger - Tres</i>			Date: 1-16-05		Daytime Phone #: 352-787-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Sue Geiger</i>					

40005406



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2030167 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**Filing Fee is \$61.25
Due by May 1, 2005**

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Trust Fund Contribution. **\$5.00 May Be
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**Make check payable to
Florida Department of State**

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Date: 1-16-05

Daytime Phone #: 352-787-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue Geiger