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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 771131

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SOLITHWOOD HOMEOWNERS ASSOCIATION OF ORLANDO INC.

SOUTHWOOD COMMUNITY CENTER 6225 BROOKGREEN AVE. ORLANDO FL 32809 3. Date Incorporated or Qualified 11/07/1983 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Author Fair Address Author Fair Additional Fee Required Trust Fund Contribution 8. This corporation has liability for intengible at sunder s. 199.032, The Mailing Address 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Added to Fees Added to Fees Trust Fund Contribution Added to Fees Typ Country Author This corporation has liability for intengible at sunder s. 199.032, The Mailing Address Author This corporation has liability for intengible at sunder s. 199.032, The Mailing Address Address Author This corporation has liability for intengible at sunder s. 199.032, The Mailing Address Address Author This corporation has liability for intengible at sunder s. 199.032, The Mailing Address Address Author This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corporation has liability for intengible at sunder s. 199.032, This corpora	300111	1000 HOMEOWILLIO AGO	OCH TOTAL	J 1110	•				
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Plac	ce of Business	2a. Mailing Address			I **		}	· · · · · · · · · · · · · · · · · · ·
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Zip Country Zip Country Zip Country A third contribution A solded to Face Added to Face Zip	Suite, Apt. #	, etc.	├ ── ' '			5. Certificate of Status Desired			
PERSING, GIFFORD	City & State		├ ─ '			, -			- 1
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Zip	Country	├ ────────────────────────────────────	_	ry	1			199.032,
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PERSING, GIFFORD 4411 FARLAWN DR ORLANDO FL 32809 82 City FL 85 Zip Code 11 Payrsiant to the provisions of Sections 617 0502 and 617, 1508 Fordia Statuties, the above named corporations submits this statement for the purpose of changing its registered office remistrating which above the highlightory of submits of this provisions of Sections 617 0502 and 617, 1508 Fordia Statuties, the above named corporation's submits this statement for the purpose of changing its registered agent, or both, in the State of Blooks Surphis gave was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with your above previous high price of Sections 617 0502 and 617, 1508 Fordia Statuties. SIGNATURE PD		9. Name and Address of Current	Hegistered Agent	8	11 Name	10. Name and Address of New	riegistereu :	- Hour	
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ORLANDO FL 32809 84 City FL 85 Zip Code				6	Street.	Address (P.O. Box Number is Not Accepta	(ble)		
### City ### FL 85 Zip Code 11 Pursuant to the provisions of Sections 617 05072 and 617,1508. Flortida Statute, the above named deportation submits this abtenient for the purpose of changing its registered office familiar with compositions of board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am composition's board of directors. Thereby accept the appointment as registered agent, I am a composition of board of directors. Thereby accept the appointment as registered agent, I am a composition's board of directors. Thereby accept the appointment as registered agent, I am a composition's board of directors. Thereby accept the appointment as registered agent, I am a composition of board of directors. Thereby accept the appointment as registered agent, I am a composition of board of directors. Thereby accept the appointment as registered agent, I am a composition of the provided agent. I am a composition of		=		8	13				
TITLE PERSONAL 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 diffice or registered agent, or both, in the State of Rights State of Spring Assign Part of Provisional Provisiona	("""				14 City			85 Zip	Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD	SIGNATURE	(world (d)	Inter 18	حسا	U1 Q (TOATE	<i>5</i> 0 7 f	6
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	14. I do hereh	ov certify that the information supplied	with this filing is voluntarily furnish	ed and c	loes not qu	ualify for the exemption stated in Section 1	19.07(3)(k), FI	iorida Statut	es. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 409-354-2620.

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