

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90237 048 \*\*\*\*61.25

**DOCUMENT # N00000006623**

**1. Entity Name**  
**SOUTHWOOD RESIDENTIAL COMMUNITY ASSOCIATION, INC**



**Principal Place of Business**  
**215 SOUTH MONROE ST., #702**  
**TALLAHASSEE FL 32301**

**Mailing Address**  
**7900 GLADES ROAD**  
**SUITE 200**  
**BOCA RATON FL 33434**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3709217**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BARIC, JOHN**  
**7900 GLADES RD., #200**  
**SUITE 200**  
**BOCA RATON FL 33434**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$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** PD ☐ Delete  
**NAME** EDMOND, TIM D  
**STREET ADDRESS** 215 SOUTH MONROE ST., #702  
**CITY-ST-ZIP** TALLAHASSEE FL 32301

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPD ☐ Delete  
**NAME** DANTIN, J. KEITH  
**STREET ADDRESS** 215 SOUTH MONROE ST., #702  
**CITY-ST-ZIP** TALLAHASSEE FL 32301

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ST ☐ Delete  
**NAME** TEAL, DAVID  
**STREET ADDRESS** 5010 SOUTHWOOD PLANTATION ROAD  
**CITY-ST-ZIP** TALLAHASSEE FL 32311

**TITLE** ☒ Change ☐ Addition  
**NAME** STO  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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: SIGNATURE REQUIRED**

2/4/03 8505130131

CR2E037 (10/02)