


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

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000058
1. Entity Name
SOUTHWOOD ACRES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
RT. 9, BOX 972 P.O. BOX 3566
LAKE CITY, FL 32024 LAKE CITY, FL 32056

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 81-0569603	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
SPARKS, CHARLES S
RT. 9, BOX 972
LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPARKS, CHARLES S P.O. BOX 3566 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZUBER, JAMES P.O. BOX 3566 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD UNRAU, R. LAWTON P.O. BOX 3566 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

400000184044
01/20/05-80013-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *R. Lawton Unrau* 1-11-05 386.755.9629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #