

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 028 ****61.25

DOCUMENT # N28688
1. Entity Name
SOUTHPARK WOODS MASTER ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5390 PARK ROAD #2
Suite, Apt. #, etc.

3. Mailing Address
995 JACKSON PIKE
Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
GALLIPOLIS OH

Zip
33908

Country

Zip
45631

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0096095

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STEVE HUBBARD

Street Address (P.O. Box Number is Not Acceptable)
2320 FIRST STREET

City
FORT MYERS

FL Zip Code
33908

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, DAVID K. 995 JACKSON PIKE GALLIPOLIS OH 45631	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZAT SALMONS 995 JACKSON PIKE GALLIPOLIS OH 45631	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARC GRACE 62 DON STREET GALLIPOLIS OH 45631	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David K Smith Date: 4/29/2002 740-446-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)