FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46492 (7)

1. Corporation Name

SOUTHERN WOODS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
1625 W MARION AVE PUNTA GORDA FL 33950	1625 W MARION AVE PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0318928 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21: 96 Cypress Blvd. W.	26: P. O. Box 1720
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: Homosassa, FL	28: City & State: Homosassa Springs, FL
24: Zip: 34446 / 25: Country: USA	29: Zip: 34447 / 30: Country: USA

9. Name and Address of Current Registered Agent

MCQUEEN, PAULA F.
1625 W MARION AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: W. Michael Bleakley
82 Street Address (P.O. Box Number is Not Acceptable): First Union National Bank
83: 800 W. Magnolia Ave., 7th Floor
84 City: Orlando FL 85 Zip Code: 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: W. Michael Bleakley — 3-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HADSELL, LEANNE	1.2 NAME	Frank D. Tucker, Jr.	
STREET ADDRESS	13 DOGWOOD DR	1.3 STREET ADDRESS	214 Hogan St., 6th Floor	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202-4228	
TITLE	STD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MCQUEEN, PAULA F.	2.2 NAME	W. Michael Bleakley	
STREET ADDRESS	1625 W MARION AVE	2.3 STREET ADDRESS	800 N. Magnolia Ave., 7th Floor	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	LLEWELLYN, DEBORAH F.	3.2 NAME	William B. Ellisor	
STREET ADDRESS	1625 WEST MARION AVE	3.3 STREET ADDRESS	214 Hogan St., 6th Floor	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202-4228	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stat... certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my sign... oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as requir... appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Michael Bleakley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/9/95 Phone #: 407 649-5432