2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # N46492 1. Entity Name 03-22-2006 90027 009 ****61.25 SOUTHERN WOODS PROPERTY OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 96 W CYPRESS BLVD PO BOX 1720 HOMOSASSA SPRINGS FL 34447 HOMOSASSA FL 34446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0318928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HADSELL, LEANNE Street Adgress (P.O. Box 13 DOGWOOD DRIVE HOMOSASSA FL 34446 Zip Code 34446 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. WICKLiffe, TREASUREY 3-10.06 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Dir & President John McDermott 20 Ryewood Cir TITLE X Delete TITLE Change K Addition SPIRO, GREG NAME NAME STREET ADDRESS 9 GOODYEAR STREET ADDRESS Homosassa FL 34446 IRVINE CA 92618 CITY-ST-7/P Dir & VP Walter Stroud ΠP Delete ☐ Change Addition GLADIS TODD MALIE NAME 12 Gingerwood Drive 3630 BOBCAT VILLAGE CENTER RD STREET ADDRESS STREET ADDRESS Homosassa FL 34446 NORTH PORT FL 34286 CITY-ST-ZIP CITY-ST-ZIP Dir & Sec Carol Hoke 24 Ryewood Cir Homosassa FL 34446 TITLE TITLE ☐ Change Delete **X**Addition CORUM, JAMES NAME STREET ADDRESS 3630 BOBCAT VILLAGE CENTER RD STREET ADDRESS NORTH PORT FL 34286 CITY-ST-ZIP CITY-ST-7IP Dir & Treas DILE Delete TITLE ☐ Change X Addition Jīll Wickliffe NAME NAME 85 Woodfield Cir Homosassa FL 34446 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dir X Addition TITLE ☐ Delete TITLE Change Tom Paslay Ct S Homosassa FL 34446 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature: 3-10-06 352-382-395,

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.