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

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90289 025 ****61.25

DOCUMENT # N46492

1. Entity Name

SOUTHERN WOODS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
96 W CYPRESS BLVD HOMOSASSA FL 34446 US	PO BOX 1720 HOMOSASSA SPRINGS FL 34447 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0318928 ☐ Applied For ☐ Not Applicable

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
HADSELL, LEANNE 13 DOGWOOD DRIVE HOMOSASSA FL 34446	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOWNS, SUE ANN 226 EAST JOEL BLVD LEHIGH ACRES FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Lehigh, FL 33972
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STAPLETON, MARYSUE 96 CYPRESS BLVD, W HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICE, RON A 96 CYPRESS BLVD. HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD John Natiello 226 E Joel Blvd Lehigh, FL 33972 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kurt Johnson	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marge Horvath 226 E Joel Blvd Lehigh, FL 33972 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kurt Johnson 7 Strawood Pt Homosassa FL 34446 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 2-6-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER DATE