

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000894 (7)**

1. Corporation Name

THE COTTAGES AT SOUTHERN WOODS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

96 CYPRESS BLVD. W.
HOMOSASSA FL 34446
US

P. O. BOX 1757
HOMOSASSA SPRINGS FL 34447
US

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0382284

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLEAKLEY, W. MICHAEL
FIRST UNION NATIONAL BANK
800 W. MAGNOLIA AVE., 7TH FLOOR
ORLANDO FL 32803**

81 Name **Leanne Hadsell**

82 Street Address (P.O. Box Number is Not Acceptable)

13 Dogwood Drive

84 City **Homosassa**

FL

85 Zip Code **34446**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Leanne Hadsell
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, FRANK D. JR.	
STREET ADDRESS	214 HOGAN ST., 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BLEAKLEY, W. MICHAEL	
STREET ADDRESS	800 N. MAGNOLIA AVE., 7TH FLOOR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ELLISOR, WILLIAM B.	
STREET ADDRESS	214 HOGAN ST., 6TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Pres & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet Allison	
1.3 STREET ADDRESS	201 E Joel Blvd	
1.4 CITY-ST-ZIP	Lehigh, FL 33639	
2.1 TITLE	Sec & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Sue Stapleton	
2.3 STREET ADDRESS	96 Cypress Blvd., W	
2.4 CITY-ST-ZIP	Homosassa, FL 34446	
3.1 TITLE	Treas & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ron A Price	
3.3 STREET ADDRESS	96 Cypress Blvd	
3.4 CITY-ST-ZIP	Homosassa, FL 34446	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001773700	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/09/96--01063--020	
6.3 STREET ADDRESS	***61.25	
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 stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/18/96

941-368-3229

Date

Daytime Phone #

CR2E037 (12/95)

PM 4-9-96