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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000894

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

Principal Place of Business 96 CYPRESS BLVD. W. HOMOSASSA FL 34446 US	Mailing Address P. O. BOX 1757 HOMOSASSA SPRINGS FL 34447 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/21/1992	4. FEI Number 65-0382284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent HADELL, LEANNE 13 DOGWOOD DR HOMOSASSA FL 34446	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLISON, JANET 201 E JOEL BLVD LEHIGH FL 33639 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kurt Johnson 7 Strawood Point Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAPLETON, MARYSUE 96 CYPRESS BLVD., W HOMOSASSA FL 34446 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Roehl 24 Deerwood Drive Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICE, RON A 96 CYPRESS BLVD HOMOSASSA FL 34446 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeananne Runkle 30 Deerwood Drive Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Diane Cwik 6 Deerwood Drive Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jim Cahill 17 Deerwood Drive Homosassa FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Diane Cwik **REQUIRED** Diane Cwik, Treasurer 1/30/99 352-382-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)