

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90047 015 \*\*\*\*61.25

**DOCUMENT # N92000000894**

1. Entity Name

**THE COTTAGES AT SOUTHERN WOODS HOMEOWNER'S ASSOC**

Principal Place of Business

Mailing Address

96 CYPRESS BLVD. W.  
 HOMOSASSA FL 34446  
 US

P. O. BOX 1757  
 HOMOSASSA SPRINGS FL 34447-1757  
 US

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

**65-0382284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADSELL, LEANNE**  
**13 DOGWOOD DR**  
**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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, KURT	
STREET ADDRESS	7 STRAWOOD POINT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROEHL, ROBERT	
STREET ADDRESS	24 DEERWOOD DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUNKLE, JEANANNE	
STREET ADDRESS	30 DEERWOOD DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CWIK, DIANE	
STREET ADDRESS	6 DEERWOOD DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAHILL, JIM	
STREET ADDRESS	17 DEERWOOD DR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Antonacci	
STREET ADDRESS	40 Deerwood Drive	
CITY-ST-ZIP	Homosassa FL 34446	
TITLE	Treasurer/Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobbie Just	
STREET ADDRESS	7 Woodash Ct	
CITY-ST-ZIP	Homosassa FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Bobbie Just* **SIGNATURE REQUIRED** Bobbie Just, Treas 1/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)