

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90129 046 ****61.25

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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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0382284

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 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 Delete
 NAME JOHNSON, KURT
 STREET ADDRESS 7 STRAWOOD POINT
 CITY-ST-ZIP HOMOSASSA FL 34446

TITLE DIRECTOR Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME ROEHL, ROBERT
 STREET ADDRESS 24 DEERWOOD DR
 CITY-ST-ZIP HOMOSASSA FL 34446

TITLE Vice President and Director Change Addition
 NAME Greg Cwik
 STREET ADDRESS 6 Deerwood Drive
 CITY-ST-ZIP Homosassa, FL 34446

TITLE SD Delete
 NAME ANTONACCI, JACKIE
 STREET ADDRESS 40 DEERWOOD DR
 CITY-ST-ZIP HOMOSASSA FL 34446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME JUST, BOBBIE
 STREET ADDRESS 7 WOODASH CT
 CITY-ST-ZIP HOMOSASSA FL 34446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CAHILL, JIM
 STREET ADDRESS 17 DEERWOOD DR
 CITY-ST-ZIP HOMOSASSA FL 34446

TITLE PRESIDENT AND DIRECTOR Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A Just, Treas. **BARBARA A Just, Treas.**

Date

Daytime Phone #

352-382-

1830

CR2E037 (10/00)