

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 764668

1. Entity Name
SOUTHWOOD PROFESSIONAL CONDOMINIUM
ASSOCIATION, INCORPORATED



Principal Place of Business
1130 SE 18TH PLACE
OCALA, FL 32671

Mailing Address
1130 SE 18TH PLACE
OCALA, FL 34471 US



03242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1918551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORA, JUAN D. M.D.
1130 SE 18TH PLACE
OCALA, FL 32671

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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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000284064
04/01/05-80053-001 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAYLOR, RONALD E.
STREET ADDRESS 1120 S.E. 18TH PL.
CITY-ST-ZIP Ocala, FL

TITLE VD
NAME LORA, JUAN
STREET ADDRESS 1130 S.E. 18TH PL.
CITY-ST-ZIP Ocala, FL

TITLE STD
NAME JACKSON, SCOTT A
STREET ADDRESS 1110 SE 18TH PLACE
CITY-ST-ZIP Ocala, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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

3/31/05
Date

352-732-3966
Daytime Phone #