


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 002 ****61.25

DOCUMENT # 764668 1. Entity Name SOUTHWOOD PROFESSIONAL CONDOMINIUM ASSOCIATION, INCORPORATED	
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Principal Place of Business 1130 SE 18TH PLACE BELLEVUE, FL 34421	Mailing Address 1130 SE 18TH PLACE OCALA, FL 34471 US
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2. Principal Place of Business - No P.O. Box # 1120 SE 18th Place Suite, Apt. #, etc.	3. Mailing Address 1120 SE 18th Place Suite, Apt. #, etc.
City & State Ocala, FL	City & State Ocala, FL
Zip 34471	Country USA

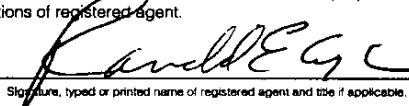


03292007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent LORA, JUAN D. M.D. 1130 SE 18TH PLACE OCALA, FL 32671	
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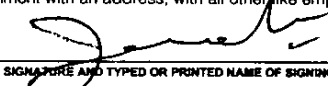
4. FEI Number 59-1040554 59-2023333	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name CAYLOR, Ronald E., D.M.D. Street Address (P.O. Box Number is Not Acceptable) 1120 SE 18th Place City OCALA FL Zip Code 34471	
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.	Ronald E. Caylor, DMD (NOTE: Registered Agent signature required when reinstating) DATE 3/30/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAYLOR, RONALD E. 1120 S.E. 18TH PL. OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LORA, JUAN 1130 S.E. 18TH PL. OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, SCOTT A 1910 SE 18TH AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Counts, Randy 10920 E HWY 25 #2 Bellevue, FL 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	Juan D. Lora, M.D. Date 3/30/07 Daytime Phone # 732-3966