

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764668

FILED  
Jul 18, 2008  
Secretary of State

**Entity Name:** SOUTHWOOD PROFESSIONAL CONDOMINIUM ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1120 SE 18TH PLACE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1120 SE 18TH PLACE  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 59-2023333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAYLOR, RONALD D.M.D.  
1120 SE 18TH PLACE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAYLOR, RONALD E.,  
Address: 1120 S.E. 18TH PL.  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: LORA, JUAN,  
Address: 1130 S.E. 18TH PL.  
City-St-Zip: OCALA, FL 34471

Title: STD ( ) Delete  
Name: COUNTS, RANDY  
Address: 10920 E HWY 25 #2  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD E CAYLOR

PD

07/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date