

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764668

FILED
Mar 23, 2009
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 ()

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date