FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🗢 Secretary of State

DIVISION OF CORPORATIONS

1996

(7)

DOCUMENT #
1. Corporation Name SOUTHWOOD OAK CONDOMINIUM ASSOCIATION, INC.

Principal Place				Mailing Address									
% BJORN WALTER 3491 SE 28TH CT. OCALA FL 32671			% BJORN WALTER 3491 SE 28TH CT.										
			OCAL	OCALA FL 32671				3. Date incorporated or Qualified 07/05/1983	3a. Date of Last Report 06/06/1995				
2. Principal Pla	ace of Business	2a , Mai 26	2a, Mailing Address					4. FEI Number 59-2558872	Number Applied For Not Applicable				
Suite, Apt. #	ŧ, etc.	Suit	Suite, Apt. #, etc.					5. Certificate of Status Desired	See Required				
City & State		City	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Zip Country			Zip Cou 29 30			_		This corporation has liability for Florida Statutes	n has liability for intangible tax under s. 199.032,			
[24]			it Registered Agent				10. Name and Address of New Registered Agent						
	5, 174,110 kild F			-9		81	Name						
WALTER						Street	Addres	ং(P.O. Box Number is Not Acceptat					
3491 SE 28TH CT. OCALA FL 32671						83							
!	•					84	City			FI	85 Zip	Code	
l or register	to the provisions of ed agent, or both, th, and accept the	in the State of Eld	ında Such cha	ande was authori.	zea by th	bove-n e corpo	amed c bration's	orporati board	on submits this statement for the pu of directors. I hereby accept the app	rpose of cl pointment a	nanging its re s registered	egistered office agent. I am	
	Signature, typed or printer						t signature	required w	neri reinstating) ADDITTONS/CHANGES TO OF	DATE FIGERS AN	ID DIRECTO	E8: IN 12	
12.	- A 4-A	OFFICERS A	ND DIRECTOR		1			→	·····			Addition	
TITLE	STD	no.		DEFELE	•	I TIILE		TA	Race Scott			A ,	
NAME	WALTER, BJC					2 NAME		24	Rger, Scott 31-A SE 5 TER Ala, Fl 34471	RACE			
STREET ADDRESS	3491 SE 28T	ны					ADDRESS	120	2/2 El 34421				
CITY-ST-ZIP	OCALA FL			DELETE		4 CITY-S	T · ZiP	Ue	HIH, TI STTIL		Change	Addition	
THLE	PD PD	NET		MINETELE		1 TITLE					Change		
NAME	SHELLEY, JA					2 NAME	1000000	1					
STREET ADDRESS	3031-B S.E. 9	OIT IEN.					ADDRESS						
CITY · ST - ZIP	OCALA FL			DELETE		4 CITY - : 1 TITLE	ST - ZIP	 			Change	Addition	
TITLE	D CONNOLLY,	IOAN M		L.Joren		2 NAME			÷		g.		
NAME	3031 D SE 5						ADDRESS						
STREET ADDRESS	OCALA FL	ICN				3 STREET 4 CITY-:			60000170 04/01/96010 ***61.25	538	<u>0</u> 6		
CITY - ST - ZIP TITLE	JUNEATE			DELETE		4 CHT-: 1 TITLE	31 - EIF			 	Change	Addition	
						2 NAME			***51,25				
NAME	}						ADORESS						
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				Land - 222.2		2 NAME					-		
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STREET ADDRESS						4 CITY - 9							
CITY-ST-ZIP				DELETE		1 TITLE	31.7211	-			Change	☐ Addition	
TITLE				الماديدين الماديدين		2 NAME					400.4	M 29-96	
NAME DEDEST LEDGES					1		r address	,			1111	. (
STREET ADDRESS						4 DITY		´			33	XI-96	
CrTY-ST-ZIP	1					3011	J1 - X1F	i					

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: JOHN M CONNICTY () CON ME OF SIGNING OFFICER OF DIRECTOR

A PROBLEM MAGNE REPORT REFORM LIGHT MAGNET SAME THREE CORAS CORES BIREL SAMES RECORD FOR A