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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769224** (7)
1. Corporation Name
SOUTHWOOD OAK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% BJORN WALTER
3491 SE 28TH CT.
OCALA FL 32671

3. Date Incorporated or Qualified

07/05/1983

4. FEI Number

59-2558872

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3031 SE 5th TERR

26 3031 SE 5th TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT II

27 APT II

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34471

25 USA

29 34471

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER, BJORN
3491 SE 28TH CT.
OCALA FL 32671

81 Name

JOAN M Connolly

82 Street Address (P.O. Box Number is Not Acceptable)

3031 D SE 5th TERRACE

83

84 City

Ocala

85

Zip Code

FL 34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JOAN M Connolly STD

Joan M Connolly

3-11-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **WALTER, BJORN**
STREET ADDRESS **3491 SE 28TH CT**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **STD** ☒ Change ☐ Addition
1.2 NAME **JOAN M Connolly**
1.3 STREET ADDRESS **3031 D SE 5th TERR**
1.4 CITY-ST-ZIP **OCALA, FL 34471**

TITLE **D** ☒ DELETE
NAME **LARGER, SCOTT**
STREET ADDRESS **3031-A SE 5th TERRACE**
CITY-ST-ZIP **OCALA FL 34471**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **SUSAN Connolly**
2.3 STREET ADDRESS **3031-A SE 5th TERR**
2.4 CITY-ST-ZIP **OCALA, FL 34471**

TITLE **S** ☐ DELETE
NAME **CONNOLLY, JOAN M.**
STREET ADDRESS **3031 D SE 5th TER**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **BJORN WALTER**
3.3 STREET ADDRESS **3491 SE 28th CT**
3.4 CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Joan M Connolly

3-11-98

352 100 100

CP2E037 (10/97)