


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90140 041 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 769224</b>					
1. Corporation Name <b>SOUTHWOOD OAK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3031 SE 5TH TERRACE APT D OCALA FL 34471 US</b>			Mailing Address <b>3031 SE 5TH TERRACE APT D OCALA FL 34471 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/05/1983</b> 4. FEI Number <b>59-2558872</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CONNOLLY, JOHN M. 3031 II SE 54TH TERRACE OCALA FL 34471</b>			10. Name and Address of New Registered Agent 81 Name <b>JOAN M Connolly</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3031 II SE 54TH TERRACE</b> 83 City <b>OCALA</b> 84 City <b>FL</b> 85 Zip Code <b>34471</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOLLY, JOAN M.		1.2 NAME		
STREET ADDRESS	3031D SE 5TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOLLY, SUSAN		2.2 NAME		
STREET ADDRESS	3031-A SE 54TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, BJORN		3.2 NAME		
STREET ADDRESS	3491 SE 28TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Joan M. Connolly **SIGNATURE REQUIRED** 3-2-99 352-629-3403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)