

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 769224**

1. Entity Name

**SOUTHWOOD OAK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**3031 SE 5TH TERRACE  
APT D  
OCALA FL 34471  
US**

Mailing Address

**3031 SE 5TH TERRACE  
APT D  
OCALA FL 34471  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2558872**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CONNOLLY, JOHN M.  
3031 D SE 5TH TERR  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

**JOAN M Connolly**

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

**3031 D SE 5TH TERR**

City

**OCALA**

FL

Zip Code

**34471**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CONNOLLY, JOAN M.  
3031D SE 5TH TERRACE  
OCALA FL 34471** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CONNOLLY, SUSAN  
3031-A SE 54TH TERRACE  
OCALA FL 34471** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALTER, BJORN  
3491 SE 28TH CT  
OCALA FL 34471** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-01 352-629-3403**

Date

Daytime Phone #

**FILED  
Mar 26, 2001 8:00 am  
Secretary of State**

03-26-2001 90012 023 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)