

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771131

(0)

1. Corporation Name

SOUTHWOOD HOMEOWNERS ASSOCIATION OF ORLANDO INC.

Principal Place of Business

SOUTHWOOD COMMUNITY CENTER
6225 BROOKGREEN AVE.
ORLANDO FL 32809

Mailing Address

4411 FAIRLAWN DR.
ORLANDO FL 32809-4409

900001490459

-05/17/95--01039--006

****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1983

3a. Date of Last Report

06/21/1994

4. FEI Number

59-2362941

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERSING, GIFFORD
4411 FAIRLAWN DR
ORLANDO FL 32809

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Gifford M Persing

(NOTE: Registered Agent signature required when re-registering)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	PERSING, GIFFORD
STREET ADDRESS	4411 FAIRLAWN DRIVE
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	VD
NAME	FISHER, ROBERT
STREET ADDRESS	6228 CANDLEWOOD LANE
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	ST
NAME	CAPITO, MARTHA K.
STREET ADDRESS	6231 FAIRLAWN DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	JAMESON, DICK
STREET ADDRESS	6024 ANTILLA DR
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	VD
NAME	DINKINS, CAROLE
STREET ADDRESS	4422 FAIRLAWN DRIVE
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	VD
NAME	BARNHARDT, HELEN
STREET ADDRESS	4201 TARA COURT
CITY - ST - ZIP	ORLANDO FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Secretary ☒ Change ☐ Addition
3.2 NAME	Karin Murray
3.3 STREET ADDRESS	4427 Fairlawn Dr
3.4 CITY - ST - ZIP	Orlando, FL 32809
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Treasurer ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Carole Dinkins
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-17-95

407-351-5672

Date

Daytime Phone #