

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 771131 (0)**

1. Corporation Name

**SOUTHWOOD HOMEOWNERS ASSOCIATION OF ORLANDO INC.**

Principal Place of Business

Mailing Address

**SOUTHWOOD COMMUNITY CENTER  
6225 BROOKGREEN AVE.  
ORLANDO FL 32809****4411 FAIRLAWN DR.  
ORLANDO FL 32809-4409**3. Date Incorporated or Qualified  
**11/07/1983**3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

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**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 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

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          | PD                  | <input type="checkbox"/> DELETE |
| NAME           | PERSING, GIFFORD    |                                 |
| STREET ADDRESS | 4411 FAIRLAWN DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809    |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | VD                   | <input type="checkbox"/> DELETE |
| NAME           | FISHER, ROBERT       |                                 |
| STREET ADDRESS | 6228 CANDLEWOOD LANE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809     |                                 |

|                    |   |
|--------------------|---|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | VD               | <input type="checkbox"/> DELETE |
| NAME           | JAMESON, DICK    |                                 |
| STREET ADDRESS | 6024 ANTILLA DR  |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809 |                                 |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | VDT                 | <input type="checkbox"/> DELETE |
| NAME           | DINKINS, CAROLE     |                                 |
| STREET ADDRESS | 4422 FAIRLAWN DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32809    |                                 |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | VD               | <input type="checkbox"/> DELETE |
| NAME           | BARNHARDT, HELEN |                                 |
| STREET ADDRESS | 4201 TARA COURT  |                                 |
| CITY-ST-ZIP    | ORLANDO FL       |                                 |

|                    |   |
|--------------------|---|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |   |
|--------------------|---|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016068

CR2E037 (9/96)