

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771131

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2362941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERSING, GIFFORD
4411 FAIRLAWN DR
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 PD
NAME PERSING, GIFFORD
STREET ADDRESS 4411 FAIRLAWN DRIVE
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VD
NAME FISHER, ROBERT
STREET ADDRESS 6228 CANDLEWOOD LANE
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE ~~VD~~
NAME ~~JAMESON, DICK~~
STREET ADDRESS ~~6024 ANTILLA DR~~
CITY-ST-ZIP ~~ORLANDO FL 32809~~ ☒ Delete

TITLE ~~VD~~
NAME ~~DINKINS, CAROLE~~
STREET ADDRESS ~~4422 FAIRLAWN DRIVE~~
CITY-ST-ZIP ~~ORLANDO FL 32809~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Board Member
NAME ALLEN NASH
STREET ADDRESS 6112 BROOKGREEN AVE.
CITY-ST-ZIP ORLANDO, FL. 32809 ☒ Change ☐ Addition

TITLE TREA.
NAME RALPH M. CAPITO
STREET ADDRESS 6231 FAIRLAWN DR.
CITY-ST-ZIP ORLANDO, FL. 32809 ☒ Change ☐ Addition

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

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-01

Date

407-351 5982

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90251 014 ****61.25

60034837



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)