

# 2002 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** ☐ Delete  
NAME **PERSING, GIFFORD**  
STREET ADDRESS **4411 FAIRLAWN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **BM** ☐ Delete  
NAME **NASH, ALLEN**  
STREET ADDRESS **6112 BROOKGREEN AVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **T** ☐ Delete  
NAME **CAPITO, RALPH M**  
STREET ADDRESS **6231 FAIRLAWN DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: Ralph M. Capito 1-15-02 407-3515640

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90260 009 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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