


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2362941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERSING, GIFFORD 4411 FAIRLAWN DR ORLANDO, FL 32809	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000344217 04/29/05-80127-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERSING, GIFFORD 4411 FAIRLAWN DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NASH, ALLEN 6112 BROOKGREEN AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPITO, RALPH M 6231 FAIRLAWN DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 4-27-05 4073515640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #