

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90086 038 \*\*\*150.00

DOCUMENT # 539304

1. Corporation Name

SOUTHWOOD LONGGREGATE LIVING, INC.  
2355-D. SOUTH RIDGEWOOD AVE.  
SOUTH DAYTONA, FL 32119

Principal Place of Business

Mailing Address

1152 OLD HAMMOCK RD  
PORT ORANGE, FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/1/87

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2355 D S Ridgewood Ave

22 City & State

27 South Daytona, FL 32119

23 Zip

Country

28 Zip

Country

24

25

29 32119

30

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES SHALETT  
505 DELTONA BLVD  
SUITE 104  
DELTONA, FL 32725

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Secretary  
NAME Marcye S. Hampton  
STREET ADDRESS 2355 D S Ridgewood Ave.  
CITY-ST-ZIP South Daytona, FL 32119

TITLE Treas. Dir  
NAME Charles Shallett  
STREET ADDRESS 505 Deltona Blvd Suite 104  
CITY-ST-ZIP Deltona, FL 32725

TITLE Pres. Dir  
NAME Ronald Ade  
STREET ADDRESS 202 Plumosa Rd  
CITY-ST-ZIP DeBary, FL 32713

TITLE VP, Dir  
NAME Cleangr Ade  
STREET ADDRESS 202 Plumosa Rd  
CITY-ST-ZIP DeBary, FL 32713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcy S. Hampton

4/27/99 (904) 760-1255

Date

Daytime Phone #

CR2E034 (11/98)