

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008444

**FILED**  
**Apr 22, 2004**  
**Secretary of State****Entity Name:** SOUTHWOOD VILLAGE SHOPPING CENTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202**New Principal Place of Business:****Current Mailing Address:**245 RIVERSIDE AVENUE  
SUITE 500--ATTN:LEGAL DEPT.  
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 59-3762323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARX, CHRISTINE M  
245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DV      ( ) Delete  
**Name:** SLAPPEY, BRADFORD A  
**Address:** 245 RIVERSIDE AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:** D      ( ) Delete  
**Name:** HERRING, FRANK W JR.  
**Address:** 4901 VINELAND RD., SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**Title:** DP      ( ) Delete  
**Name:** BUCHANAN, CRAIG  
**Address:** 4901 VINELAND RD., SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**Title:** AS      ( ) Delete  
**Name:** WHITLATCH, SUSAN G  
**Address:** 245 RIVERSIDE AVENUE SUITE 500  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:** S      ( ) Delete  
**Name:** BOOHER, DOUGLAS A  
**Address:** 245 RIVERSIDE AVENUE SUITE 500  
**City-St-Zip:** JACKSONVILLE, FL 32202**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DP      (X) Change ( ) Addition  
**Name:** BUCHANAN, CRAIG L  
**Address:** 4901 VINELAND RD., SUITE 200  
**City-St-Zip:** ORLANDO, FL 32811**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T      ( ) Change (X) Addition  
**Name:** JONES, PHILLIP B  
**Address:** 245 RIVERSIDE AVE SUITE 500  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. WHITLATCH

AS

04/22/2004

Electronic Signature of Signing Officer or Director

Date

DAVID F. CHILDERS III, ASST. TREASURER  
245 RIVERSIDE AVE SUITE 500  
JACKSONVILLE, FL 32202