2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005809

Entity Name: SOUTHWAY VILLA HOMEOWNERS ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7173 SAND POINTE DR. BROOKSVILLE, FL 34601 **Current Mailing Address: New Mailing Address:** 7173 SAND POINTE DR BROOKSVILLE, FL 34601 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUHN, CHRISTOPHER S ESQ. 1266 S. PINELLAS AVE. TARPON SPRINGS, FL 34689 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition CADWELL, ALBERT Name: Name: Address: Address: 7173 SANDPOINT City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: Title: () Change (X) Addition () Delete LAROCHE, BARNARD Name: Name: Address: Address: 7167 SANDPOINT City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition ZIMMERMAN, JAMES Name: Name: 20046 GREENAPPLE Address: Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition JOHNSON, PEARL Name: Name: 7098 ARBOR LN Address: Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition WISCHMEYER, ROBERT Name: Name: 7242 BAIRD Address: Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition GENGE, MERNA Name: Name: Address: Address: 7121 WHISPER LOOP BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

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: PEARL M JOHNSON S 04/30/2004

ISABEL SCHEID, D 7242 TWIN BROOK BROOKSVILLE, FL, 34601