

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05359

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOUTHWOOD PINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3741 SE MARICAMP RD
C/O BJORN WALTER
OCALA, FL 34471 US

New Principal Place of Business:

3741 SE MARICAMP RD
C/O BJORN WALTER
OCALA, FL 34480 US

Current Mailing Address:

3741 SE MARICAMP RD
C/O BJORN WALTER
OCALA, FL 34471 US

New Mailing Address:

3741 SE MARICAMP RD
C/O BJORN WALTER
OCALA, FL 34480 US

FEI Number: 59-3006805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, BJORN
3741 SE MARICAMP RD
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WALTER, BJORN
3741 SE MARICAMP RD
OCALA, FL 34480 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: _____

01/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WALTER, BJORN,
Address: 3741 SE MARICAMP RD
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: WLATER, DEBRA
Address: 1323 SE 49TH AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BOULAND, JOHN
Address: 108 N. MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WALTER, BJORN,
Address: 3741 SE MARICAMP RD
City-St-Zip: OCALA, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BJORN WALTER

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

Date