

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46492

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** SOUTHERN WOODS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

96 W CYPRESS BLVD  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1720  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 65-0318928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WICKLIFFE, JILL E  
85 WOODFIELD CIR  
HOMOSASSA, FL 34446 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: DP ( ) Delete  
Name: MCDERMOTT, JOHN  
Address: 20 RYEWOOD CIR  
City-St-Zip: HOMOSASSA, FL 34446

Title: DVP ( ) Delete  
Name: STROUD, WALTER  
Address: 12 GINGERWOOD DR  
City-St-Zip: HOMOSASSA, FL 34446

Title: DS ( ) Delete  
Name: HOKE, CAROL  
Address: 24 RYEWOOD CIR  
City-St-Zip: HOMOSASSA, FL 34446

Title: DT ( ) Delete  
Name: WICKLIFFE, JILL  
Address: 85 WOODFIELD CIR  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: PASLAY, TOM  
Address: 13 WOODLEE CT S  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVP (X) Change ( ) Addition  
Name: SELLERS, RALPH  
Address: 5 KNOTWOOD LN  
City-St-Zip: HOMOSASSA, FL 34446

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

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 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: JILL WICKLIFFE

DT

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date