SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 13, 1996 08:00 AM
Secretary of State

DOCUMENT # N95000001963 (6)

1. Corporation Name
SOUTHWEST UNITED COMMUNITIES, INC.

Principal Place of Business	Mailing Address
4215 TATUM STREET ORLANDO FL 32811	4215 TATUM STREET ORLANDO FL 32811

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3329576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SMITH, SHIRLEY
4215 TATUM STREET
ORLANDO FL 32811

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKERSON, MILDRED		1.2 NAME		
STREET ADDRESS	2609 LAKE SUNSET DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	CHARLIE J. SALTER	☐ Change ☑ Addition
NAME	SULUKI, ABDUL		2.2 NAME	3464 DOMI-FITZ COURT	
STREET ADDRESS	1517 GUINYARD WAY		2.3 STREET ADDRESS	Orlando, FL. 32805	
CITY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	MAXINE BROMFIELD	☐ Change ☑ Addition
NAME	DANIELS, MARY		3.2 NAME	2104 RAVENHILL STREET	
STREET ADDRESS	5247 BOTANY COURT		3.3 STREET ADDRESS	Orlando, FL. 32811	
CITY-ST-ZIP	ORLANDO FL 32811		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	VERNIA E. DAIGY	☐ Change ☑ Addition
NAME	JACKSON, CAANEY		4.2 NAME	5158 LETHA STREET	
STREET ADDRESS	2743 RAVENALL AVE.		4.3 STREET ADDRESS	Orlando, FL. 32811	
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, CHRISTOPHER		5.2 NAME		
STREET ADDRESS	2000 BANTON BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, SHIRLEY		6.2 NAME		
STREET ADDRESS	4215 TATUM STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		6.4 CITY-ST-ZIP		

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 4 Aug 96 — (407) 839-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004478