2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N9700005860 1. Entity Name SOUTHWOOD OWNERS ASSOCIATION, INC.					05-02-2005 90541 015 ****61.25			
	e of Business OUTH, STE. 601 NE, FL 32086 US	Mailing Address 5455 A1A SOUTH ST. AUGUSTINE, FL 3208	35	TABENDU AND PENI (I		50046		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182005 Ch	ıg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-347814	1	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and Addi	ress of New Reg	jistered Agent		
MAY MANAGEMENT SERVICES			Name					
5455 A1A			Street Addre	ess (P.O. Box Number is N	ss (P.O. Box Number is Not Acceptable)			
	, , , , , ,							
			City			FL Zip Code	3	
	named entity submits this statement foions of registered agent.	or the purpose of changing its re	gistered office or reg	gistered agent, or both, in	the State of Florid	da. I am familiar with,	and accept	
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SIGNATURE .						DATE		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NQTE: R	Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	and title if applicable. (NOTE: R 9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ke check payable to a Department of St		
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12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: