2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 19, 2006 8:00 am Secretary of State 05-19-2006 90030 043 ****61.25

| DOCUMENT # N9700005860 1. Entity Name SOUTHWOOD OWNERS ASSOCIATION, INC. | | | | | 03-19-2000 90030 043 *** 01.23 | | | |
|---|---|--|--|--|--|---|------------------------------|--|
| Principal Place of Business Mailing Address 4475 US 1 SOUTH, STE. 601 5455 A1A SOUTH ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 3208 ST. AUGUSTINE, FL 3208 | | | 5 | 40033 | 430 | | | |
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| 2. Principal Place of Business | | 3. Mailing Address S455 AIA South | | | : 11: 11: 11: 11: 11: 11: 11: 11: 11: 1 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04282006 Ch | 04282006 Chg-NP CR2E037 (4/06) | | | |
| City & State | | City & State | e El | 4. FEI Number 59-347814 | 1 | | plied For at Applicable | |
| Zip | Country | 5t. Augustin 32080 | Country | 5. Certificate of Sta | atus Desired | S8.75 Add | litional | |
| | 6. Name and Address of Current | | | 7. Name and Addr | ess of New Re | <u>_</u> | - | |
| a name and name of our or | | | Name | | | | | |
| MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SAINTAU | GUSTINE, FL 32000 | | | | | | | |
| | | | City | | | FL Zip Cod | е | |
| | e named entity submits this statement fo tions of registered agent. | r the purpose of changing its req | gistered office or reg | gistered agent, or both, in t | he State of Flo | rida. I am familiar with, | and accept | |
| 0.0.1 | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egistered Agent signature re | equired when reinstating) | | DATE | | |
| 0.011110112 | ······································ | | | | Ma | | | |
| 0.0.0 | Signature, typed or purified name of registered agent Filling Fee is \$61.25 Due by May 1, 2006 | and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con | aign Financing | \$5.00 May Be Added to Fees | | DATE ake check payable to da Department of Si | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE: