


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**


05-02-2007 90058 041 \*\*\*\*61.25

<b>DOCUMENT # N97000005860</b> 1. Entity Name SOUTHWOOD OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4475 US 1 SOUTH, STE. 601 ST. AUGUSTINE, FL 32086 US	Mailing Address 5455 A1A S SAINT AUGUSTINE, FL 32080
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**DO NOT WRITE IN THIS SPACE**

40030100



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3478141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

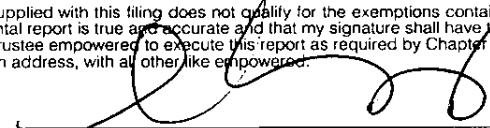
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, PERRY M 4475 US 1 S STE 504 SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, ELIZABETH 4475 US 1 SOUTH, STE 504 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUNKELMAN, ANGELA M 4475 US 1 S, STE 504 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAYLOR, LARRY 4475 US 1 S STE 504 SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-27-07** **904-461-9708**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #