

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90068 033 ****61.25



DOCUMENT # 759697

1. Entity Name
SOUTHWOOD 2, LOT 10 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**4040 NEWBERRY ROAD
 SUITE 1100
 GAINESVILLE FL 32607**

Mailing Address
**4040 NEWBERRY ROAD
 SUITE 1100
 GAINESVILLE FL 32607**

2. Principal Place of Business
808A NW 16th Ave

3. Mailing Address
808A NW 16th Ave

Suite, Apt. #, etc.

City & State
GAINESVILLE FL

City & State
GAINESVILLE, FL

Zip
32601

Country
FLORIDA

Zip
32601

Country
FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number
59-2996232

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RAWSON, ALBERT C III
 4040 NEWBERRY ROAD
 SUITE 1100
 GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent
 Name **ALBERT C. RAWSON III**
 Street Address (P.O. Box Number is Not Acceptable)
808A NW 16th Ave
 City **GAINESVILLE FL** Zip Code **32601**

ADDRESS CHANGE

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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWSON, ALBERT C III 4040 NEWBERRY RD., STE. 1100 GAINESVILLE FL 32607	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, HAWES 2622 NW 43RD AV A-3 GAINESVILLE FL 32606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]* **2/2/05** **352-375-4668**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #