

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N26616 (5)**
1. Corporation Name
SOUTHWOOD, BLOCK 5 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 3125 VENICE FL 34293 P.O. BOX 3125 VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1988** 3a. Date of Last Report **03/11/1994**
4. FEI Number **65-0051450** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**HUNT, GERRI
4968 TAMARACK TRAIL
VENICE FL 34293**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINLEY, ELDON	1.2 NAME	<i>Marilyn Loehr</i>
STREET ADDRESS	4272 SPICETREE STR	1.3 STREET ADDRESS	<i>4241 Timberline Blvd.</i>
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	<i>Venice FL 34293</i>
TITLE	PD	2.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, ROBERT	2.2 NAME	<i>Joseph Scario</i>
STREET ADDRESS	4995 PEPPERWOOD PL	2.3 STREET ADDRESS	<i>4162 Spicetree</i>
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	<i>Venice FL 34293</i>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, HANS	3.2 NAME	
STREET ADDRESS	4932 SPICETREE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEACH, NELSON	4.2 NAME	
STREET ADDRESS	4211 TIMBERLINE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPPOLITI, JULIA	5.2 NAME	<i>Elizabeth Thomas</i>
STREET ADDRESS	4908 TAMARACK TR	5.3 STREET ADDRESS	<i>Pepperwood place</i>
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	<i>Venice, FLA 34293</i>
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, GERRI	6.2 NAME	
STREET ADDRESS	4908 TAMARACK TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Scario President* 3/5/95 813 497 5695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR