

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified: **05/25/1988**  
3a. Date of Last Report: **03/09/1995**  
4. FEI Number: **65-0051450**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOEHR, MARILYN	
STREET ADDRESS	4241 TIBERLANE BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SERIO, JOSEPH	
STREET ADDRESS	4262 SPICETREE ST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, HANS	
STREET ADDRESS	4932 SPICETREE ST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEACH, NELSON	
STREET ADDRESS	4211 TIMBERLINE BLVD	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMAS, ELEANOR	
STREET ADDRESS	PEPPERWOOD PLACE	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUNT, GERRI	
STREET ADDRESS	4968 TAMARACK TR	
CITY-ST-ZIP	VENICE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chzig Meyer	
1.3 STREET ADDRESS	Tamarack Blvd	
1.4 CITY-ST-ZIP	Venice Fla	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bloom, William	
4.3 STREET ADDRESS	4982 Spicetree St.	
4.4 CITY-ST-ZIP	Venice, FL 34293	
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Loehr Marilyn	
5.3 STREET ADDRESS	4241 Timberlane	
5.4 CITY-ST-ZIP	Venice FL 34293	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thomas E Leach	
6.3 STREET ADDRESS	Pepperwood Place	
6.4 CITY-ST-ZIP	Venice FL	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Serio President Date: 2/6/96 Telephone # 497-5695

CR2E037 (12/95)