

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**  
**Aug 07 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # N94000001303 (6)**  
1. Corporation Name  
**STONECASTLE AT SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
4141 SPRINGDALE CIR VENICE FL 34293 4141 SPRINGDALE CIR VENICE FL 34293



**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified **03/11/1994** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0512887** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
**DOUGLASS, JESSICA AMI  
899 WOODBRIDGE DRIVE  
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 Jessica E. Douglass - Agent - Jessica E Douglass 7/25/97  
Signature, typed or printed name of registered agent and fee applicable. (N/A) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISHOP, BRAD</b>	1.2 NAME	
STREET ADDRESS	<b>12077 SW KINGSWAY CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE SUZY FL 33821</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAEZ, KAREN</b>	2.2 NAME	
STREET ADDRESS	<b>4343 SPRINGDALE CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FUTTERER, BILL</b>	3.2 NAME	<b>VPP Leslie Tischler</b>
STREET ADDRESS	<b>4343 SPRINGDALE CIR</b>	3.3 STREET ADDRESS	<b>4975 Laurel Hill Dr.</b>
CITY-ST-ZIP	<b>VENICE FL 34293</b>	3.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Rue... 7/25/97 041403-0307

CR2E037 (4/97)