

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745664

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** SOUTHWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BONAFIDE MGMT GRP  
3100 NW 72 AVENUE #125  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BONAFIDE MGMT GRP  
3100 NW 72 AVENUE #125  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 59-1907078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BONAFIDE MANAGEMENT GROUP, INC  
3100 NW 72 AVENUE #125  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, RAFAEL  
Address: 11010 SW 88TH ST., STE 200  
City-St-Zip: MIAMI, FL 33176

Title: VPD ( ) Delete  
Name: TORMEY, L. JOHN  
Address: 16220 SW 109TH AVE  
City-St-Zip: MIAMI, FL 33157

Title: SD (X) Delete  
Name: LEVINE, PAMELA  
Address: 10906 SW 75 STREET  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: STOLARCZYK, MARCELO  
Address: 11010 SW 88TH ST STE 200  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete  
Name: SWETT, ROBERT  
Address: P.O. BOX 835188  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL LOPEZ

PD

09/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date