
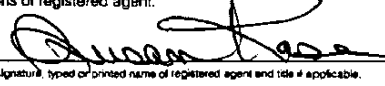



FILED  
Jun 04, 2007 8:00 am  
Secretary of State

05-03-2007 90026 023 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 769596</b>			
1. Entity Name SOUTHWOOD CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13160 KINGS PL. DR. FORT MYERS, FL 33919 US		Mailing Address 2525 PARKWAY ST. 12650 WHITEHALL DR. FORT MYERS, FL 33901 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 100349	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Cape Coral, FL	
City & State		City & State 33914	
Zip	Country	Zip	Country
4. FEI Number 65-0325679		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCVETTY, MICHAEL 2525 PARKWAY ST. FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name: SUSAN KASE CAM Street Address (P.O. Box Number is No.): 615 W Cape Coral Parkway 4103 City: CAPE CORAL, FL Zip Code: 33914	
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:  SUSAN KASE 4/9/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BROWNELL, ROBIN 13160 KINGS POINT DR. #2 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  CAROL SPEELMAN 4/30/07 239-283-5896		Date Daytime Phone #	