

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769596

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT, INC.  
615 CAPE CORAL PKWY W, 103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100399  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 65-0325679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASE, SUSAN CAM  
615 W. CAPE CORAL PARKWAY #103  
CAPE CORAL, FL 33914 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: ST  
Name: KILLION, SUSAN  
Address: 13160 KINGS POINT DR. #3  
City-St-Zip: FORT MYERS, FL 33919

Title: PD  
Name: SPEELMAN, CAROL  
Address: 3932 COCONUT DR  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP  
Name: NILES, KATHLEEN  
Address: 13160 KING'S POINT DR #6  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: CAROL SPEELMAN

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date