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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00616

1. Corporation Name

SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

C/O CENTURY 21 ALL AMERICA
24 N.W. 33RD COURT, SUITE A
GAINESVILLE FL 32607
US

Mailing Address

C/O CENTURY 21 ALL AMERICA
24 N.W. 33RD COURT, SUITE A
GAINESVILLE FL 32607
US



2. Principal Place of Business

21 ALL AMERICA REALTY

Suite, Apt. #, etc.

22 3312 West University Ave

City & State

23 Gainesville, FL

Zip

24 32607

Country

25 Alachua

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

Zip

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Country

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3. Date Incorporated or Qualified

12/28/1983

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

WEIHE, ROSE
24 NW 33RD CT.
SUITE A
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

85 Zip Code

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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 *Rose Weihe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, MARY
STREET ADDRESS 3933 SW 26TH DR., #A
CITY-ST-ZIP GAINESVILLE FL

TITLE VD
NAME GANEY, BARBARA
STREET ADDRESS 3914 SW 26TH DR., #A
CITY-ST-ZIP GAINESVILLE FL

TITLE STD
NAME MOORE, DOROTHY
STREET ADDRESS 5821 NW 91ST BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Mary Jackson* 12498 352-373-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)