

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N00616</b>                                                  |  |
| 1. Entity Name<br>SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM<br>ASSOCIATION, INC. |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br>13840 NEWBERRY RD<br>SUITE 100<br>NEWBERRY, FL 32669 US | Mailing Address<br>13840 NEWBERRY RD<br>SUITE 100<br>NEWBERRY, FL 32669 US |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



04252005 No Chg-NP CR2E037 (10/03)

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>WEIHE, ROSE M MS.<br>13840 NEWBERRY RD<br>SUITE 100<br>NEWBERRY, FL 32669 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE 04/27/05-80167-001 61.25

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                         |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>JACKSON, MARY<br>3933 SW 26TH DR., #A<br>GAINESVILLE, FL 32607   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>AUSTRIA, ALFREDO<br>25385 PALISADE ROAD<br>PUNTA GORDA, FL 33983 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>HANCOCK, SANDRA<br>4005 SW 26 DR, APT D<br>GAINESVILLE, FL 32607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        |

12. 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 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:** Rose M. Weihe, agent 4/26/05 3524728700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #