

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N00616 1. Entity Name SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 13840 NEWBERRY RD SUITE 100 NEWBERRY, FL 32669 US	Mailing Address 13840 NEWBERRY RD SUITE 100 NEWBERRY, FL 32669 US
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07312006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEIHE, ROSE M MS. 13840 NEWBERRY RD SUITE 100 NEWBERRY, FL 32669
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**DO NOT WRITE
IN THIS SPACE**

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: Rose M. Weihe DATE: 8/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, MARY 3933 SW 26TH DR., #A GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTRIA, ALFREDO 25385 PALISADE ROAD PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANCOCK, SANDRA 4005 SW 26 DR, APT D GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/11/06-80003-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Mary K Jackson MARY K JACKSON 9-6-06 352-373-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #