# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N00616

1. Entity Name
SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

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

01292007 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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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 _____ DATE
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 May 1, 2007**

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

10. OFFICERS AND DIRECTORS

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

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03/19/07-80024-011 61.25

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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 3/7/07 352-373-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #