

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21978

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTHWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4974 PEPPERWOOD PL
VENICE, FL 34223

New Principal Place of Business:

5020 SOUTHER PINE CIRCLE
VENICE, FL 34223

Current Mailing Address:

504 N. INDIANA AVE.
ENGLEWOOD, FL 34223

New Mailing Address:

514 N. INDIANA AVE.
ENGLEWOOD, FL 34223

FEI Number: 65-0009984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUMCAM, INC.
504 N. INDIANA AVE.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

ATRIUMCAM, INC.
514 N. INDIANA AVE.
ENGLEWOOD, FL 34223 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOBART, GENE E
Address: 5020 SOUTHERN PINE CIR
City-St-Zip: VENICE, FL 34293

Title: VPT () Delete
Name: SANDERS, CLYDE
Address: 4368 SUMMERTREE RD
City-St-Zip: VENICE, FL 34293

Title: S () Delete
Name: HOUSTON, SAM
Address: 4995 PEPPERWOOD PL
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ZIEFEL, HERB
Address: 4893 ORANGETREE PLACE
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: JUDY, DON
Address: 4324 SPICETREE
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: KIZZEK, ROGER
Address: 4262 SPICETREE
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: SCHNEIDER, GLENDA
Address: 4842 LIMETREE LANE
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: E. GENE HOBART

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date