

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22278

FILED  
Apr 27, 2008  
Secretary of State

**Entity Name:** SOUTHWOOD, SECTION A HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

KEYS CALDWELL INC  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

KEYS CALDWELL INC  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 65-0009985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEYS CALDWELL INC  
1162 INDIAN HILLS BLVD  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBBINS, STEPHEN J  
Address: 4901 SOUTH TAMIAMI TRAIL  
City-St-Zip: VENICE, FL 33595

Title: VSTD ( ) Delete  
Name: RYAN, JAMES H  
Address: 4901 SOUTH TAMIAMI TRAIL  
City-St-Zip: VENICE, FL 33595

Title: D ( ) Delete  
Name: KING, JERRI L  
Address: 4901 SOUTH TAMIAMI TRAIL  
City-St-Zip: VENICE, FL 33595

Title: D ( ) Delete  
Name: PANKE, JIM  
Address: 5068 SOUTHERN PINE CIR  
City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete  
Name: ARCONA, AL  
Address: 5014 SOUTHERN PINE CIR  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARSHMAN, DAVID  
Address: 4300 TIMBERLINE BLVD  
City-St-Zip: VENICE, FL 34293

Title: STD (X) Change ( ) Addition  
Name: WEISS, TONY  
Address: 5004 SOUTHERN PINE CIRCLE  
City-St-Zip: VENICE, FL 34293

Title: D (X) Change ( ) Addition  
Name: FIALKA, DON  
Address: 5024 SOUTHERN PINE CIRCLE  
City-St-Zip: VENICE, FL 34293

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

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

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: DAVID MARSHMAN

PRES

04/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date