2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N22278

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: MARSHMAN, DAVID
Address: 4300 TIMBERLINE BLVD
City-St-Zip: VENICE, FL 34293

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

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

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

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

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

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

Title: VD (X) Change ( ) Addition
Name: THORTON, JOSEPH
Address: 5011 SOUTHERN PINE CIR
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: DAVID MARSHMAN PD 04/20/2009
Electronic Signature of Signing Officer or Director — Date