

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N27858

1. Entity Name
**SOUTHWOOD, BLOCK 4 HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**4927 TAMARACK
VENICE, FL 34293**

Mailing Address
**2303 AQUA BLUFF
SARASOTA, FL 34231**



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0139288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAMERER, ALICE
2303 AQUA BLUFF
SARASOTA, FL 34231**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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 WILLIAMS, SHARON 4917 TAMARACK TR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROWDEN, MERRI 4892 LIMETREE LANE VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KAMERER, ALICE 2303 AQUA BLUFF PLACE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUTCHISON, ROBERT 4937 TAMARACK TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSSETTI, ROY 4825 TAMARACK TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAWKINS, GEORGE 4835 TOMARACK TR. VENICE, FL 34293

000000268828
03/18/05-80059-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALICE KAMERER Alice Kamerer, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05 941-921-7127

Date

Daytime Phone #