

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N27858

1. Entity Name

SOUTHWOOD, BLOCK 4 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4927 TAMARACK
VENICE FL 34293**

**2303 AQUA BLUFF
SARASOTA FL 34231**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILLIAMS, SHARON
STREET ADDRESS 4917 TAMARACK TR
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME **U00000735112**
STREET ADDRESS **05/10/07-80020-020 61.25**
CITY- ST- ZIP

TITLE VPD ☐ Delete
NAME ROWDEN, MERRI
STREET ADDRESS 4892 LIMETREE LANE
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME KAMERER, ALICE
STREET ADDRESS 2303 AQUA BLUFF PLACE
CITY- ST- ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME BLOW, JAMES
STREET ADDRESS 4812 LIMETREE LN
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME ROSSETTI, ROY
STREET ADDRESS 4825 TAMARACK TRAIL
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME HAWKINS, GEORGE
STREET ADDRESS 4835 TOMARACK TR.
CITY- ST- ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alice Kamerer **Sgt. ALICE KAMERER**

4-23-07

941-921-7127