


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N31715 1. Entity Name SOUTHWOOD HOMEOWNERS ASSOCIATION, INC.	
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FILED

2008 FEB -6 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6201 S. KANNER HWY. STUART, FL 34997	Mailing Address 1111 SE FEDERAL HIGHWAY SUITE 100 STUART, FL 34994 US
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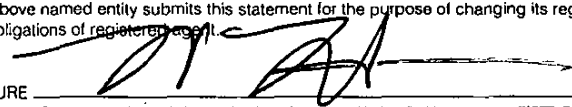
012520081 REIN:NP CR2E099 (1/07) 08

2. Principal Place of Business - No P.O. Box # 969 S. FEDERAL HWY SUITE 401	3. Mailing Address 969 S. FEDERAL HIGHWAY SUITE 401
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City & State STUART	City & State STUART	4. FEI Number 59-1777670	Applied For Not Applicable
Zip 34994	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORTE, LORRAINE H 1111 SE FEDERAL HIGHWAY SUITE 100 STUART, FL 34994	7. Name and Address of New Registered Agent Name LENARD GOLDBAUM Street Address (P.O. Box Number is Not Acceptable) 969 S. FEDERAL HIGHWAY SUITE 401 City STUART FL Zip Code 34994
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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.

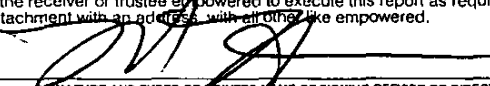
SIGNATURE  DATE 1/25/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERRILL, MICHELLE 556 SE MEADOW WAY STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDLIN, CLIFF 522 SE SOUTHWOOD TRAIL STUART, FL 34997 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUDA, MARJORIE 6088 SE WOODFIELD CT STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARA HAWKEN 366 SE SOUTHWOOD TR. STUART, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCREA, TRACY 544 SE MEADOW WOOD WAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300117239593 02/06/08--01012--012 **297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMONE, VITO 354 SE SOUTHWOOD TR. STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, VERNE 708 SE PIN OAK TERRACE STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD GODWIN, BOB 581 SE SOUTHWOOD TRAIL STUART, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 2/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR