

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N31715

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

**Entity Name:** SOUTHWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

969 S. FEDERAL HWY  
SUITE 401  
STUART, FL 34994

**New Principal Place of Business:**

738 COLORADO AVENUE  
STUART, FL 34994

**Current Mailing Address:**

969 S. FEDERAL HWY  
SUITE 401  
STUART, FL 34994

**New Mailing Address:**

738 COLORADO AVENUE  
STUART, FL 34994

**FEI Number:** 59-1777670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBAUM, LENARD  
969 S. FEDERAL HWY  
SUITE 401  
STUART, FL 34994 US

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

WADSWORTH, CHRISTOPHER  
738 COLORADO AVENUE  
STUART, FL 34994 US

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: CHRISTOPHER WADSWORTH

10/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SANDLIN, CLIFF  
Address: 522 SE SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: FOSTER, MARVIN  
Address: 6103 SE BLACK OAK LANE  
City-St-Zip: STUART, FL 34997

Title: PD  
Name: MCCREA, TRACY  
Address: 544 SE MEADOW WOOD WAY  
City-St-Zip: STUART, FL 34997

Title: TD  
Name: STINNETT, TRACY  
Address: 533 SE SOUTHWOOD TR.  
City-St-Zip: STUART, FL 34997

Title: D  
Name: VAN WOERT, SUSAN  
Address: 494 SE WOODS EDGE TRAIL  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: TRACY MCCREA

PD

10/18/2012

Electronic Signature of Signing Officer or Director

Date