2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 12, 2000 8:00 am
Secretary of State
03-08-2000 90058 008 ****61.25

DOCUMENT # N33230

1. Entity Name

SOUTHWOOD, BLOCK 3 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
899 WOODBRIDGE DR C/O ADVANCED MGMT INC VENICE FL 34293 US	899 WOODBRIDGE DRIVE. C/O ADVANCED MGMT IN VENICE FL 34293-4313 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2477 Stickney Point	2477 Stickney Point
Suite, Apt. #, etc.: Suite 118A	Suite, Apt. #, etc.: Suite 118A
City & State: Sarasota Fl	City & State: Sarasota, Fl
Zip: 34237 Country: Sarasota	Zip: 34231 Country: Sarasota

4. FEI Number: 65-0154227 ☐ 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
JORDAN, DONNA ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DR. VENICE FL 34293	Name: Barbara O'Grady Street Address (P.O. Box Number is Not Acceptable): Argus Property Mgt 2477 Stickney Point Rd Suite 118A City: Sarasota FL 34231

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.

SIGNATURE: Barbara O'Grady 3-2-00
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAFFIERI, BOB 899 WOODBRIDGE DR. VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Robert Staffieri 4817 Orange Tree Place Venice, FL 34	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRADSHAW, LILLIAN 899 WOODBRIDGE DR. VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VicePres Lillian Bradshaw 4296 Summertree Road Venice, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMS, BUCK 899 WOODBRIDGE DR. VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Buck Simms 4826 Tamarack Trail Venice	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KELLY, RUTH 4853 ORANGE TREE PL VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Tres Ruth Kelly 4853 Orange Tree Place Venice FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, PAUL 899 WOODBRIDGE DR. VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred Heckel 4236 Summertree Rd Venice, Fl	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X SIGNATURE REQUIRED Barbara O'Grady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #