

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90181 038 \*\*\*\*61.25

**DOCUMENT # N33230**

1. Entity Name

**SOUTHWOOD, BLOCK 3 HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**2477 STICKNEY POINT  
STE 118A  
SARASOTA FL 34231  
US**

Mailing Address

**2477 STICKNEY POINT  
STE 118A  
SARASOTA FL 34231  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

**Arkus Management**

**Suite 118A - 2477 Stickney Point**

City

**Sarasota**

**FL**

Zip Code

**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*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-2-01**

**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 **PD** ☐ Delete  
NAME **STAFFIERI, BOB**  
STREET ADDRESS **899 WOODBRIDGE DR.**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **PD** ☐ Change ☐ Addition  
NAME **Ronald Campbell**  
STREET ADDRESS **4873 Orange Tree Place**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE **VD** ☐ Delete  
NAME **BRADSHAW, LILLIAN**  
STREET ADDRESS **899 WOODBRIDGE DR.**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **VD** ☐ Change ☐ Addition  
NAME **Richard Marker**  
STREET ADDRESS **4246 Summertree St**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE **D** ☐ Delete  
NAME **SIMMS, BUCK**  
STREET ADDRESS **899 WOODBRIDGE DR.**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **TD** ☐ Change ☐ Addition  
NAME **Lillian Bradshaw**  
STREET ADDRESS **4296 Summertree Rd**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE **STD** ☐ Delete  
NAME **KELLY, RUTH**  
STREET ADDRESS **4853 ORANGE TREE PL**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **STD** ☐ Change ☐ Addition  
NAME **Sandra Parris**  
STREET ADDRESS **4883 Orange Tree Place**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE **D** ☐ Delete  
NAME **THOMAS, PAUL**  
STREET ADDRESS **899 WOODBRIDGE DR.**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☐ Addition  
NAME **Robert Penzien**  
STREET ADDRESS **4893 Orange Tree Place**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Lillian Bradshaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-2-01**

**485-8012**

CR2E037 (10/00)