## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2002 8:00 am **DOCUMENT # N33230 Secretary of State** 1. Entity Name 03-06-2002 90018 039 \*\*\*\*61.25 SOUTHWOOD, BLOCK 3 HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2477 STICKNEY POINT 2477 STICKNEY POINT **STE 118A STE 118A** SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0154227 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) O'GRADY, BARBARA ARGUS MANAGEMENT 2477 STICKNEY POINT Zip Code VENICE FL 34293 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Ron Cambbell PD TITLE Delete TITLE 4873 Grange Tree Place STAFFIERI, BOB NAME NAME STREET ADDRESS STREET ADDRESS 899 WOODBRIDGE DR. Jeniue Fr 34253 CITY-ST-71P VENICE FL 34293 CITY-ST-ZIP Delete Change **VD** □ Addition TITLE TITLE idad Marker BRADSHAW, LILLIAN NAME NAME 4246 Orange The Place STREET ADDRESS STREET ADDRESS 899 WOODBRIDGE DR.> CITY-ST-ZIP CITY-ST-ZIP Venice FL 34293 VENICE FL 34293 Change Addition TITLE ∠ Delete. TITLE Sanely Pernsh 4883 Orange SIMMS, BUCK NAME NAME STREET ADDRESS 899 WOODBRIDGE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 Ventre FL Delete TITLE TITLE ☐ Change ☐ Addition KELLY, RUTH crark Casacci NAME NAME STREET ADDRESS 4853 ORANGE TREE PL STREET ADDRESS 4293 GBiogTree 5+ CITY-ST-7IP CITY-ST-ZIP VENICE FL 34293 Delete ☐ Change TITLE TITLE Addition THOMAS, PAUL NAME NAME walter sta STREET ADDRESS STREET ADDRESS 899 WOODBRIDGE DR. 4283 Spiceta CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 impowered 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 attachm