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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000224

1. Corporation Name

SOUTHWOOD BLOCK 2 HOMEOWNERS ASSOCIATION, INC.

800001478698
-05/08/95--01042--017
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4901 S. Tamiami Trail Venice, Fl. 34293	2303 Aqua Bluff Sarasota, Fl. 34231

3. Date Incorporated or Qualified: 01-22-93
3a. Date of Last Report: 4/94
4. FEI Number: 65-0352146 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

9. Name and Address of Current Registered Agent

KAMERER, ALICE
2303 AQUA BLUFF PL
SARASOTA, FL. 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alice Kamerer, Sec. — Apr 21, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P/D NAME Boedecker, K. Judson STREET ADDRESS 4901 S. Tamiami Trail CITY-ST-ZIP Venice, Fl. 34293	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE /T/D NAME FARRELL, WAYNE STREET ADDRESS 4901 S. Tamiami Trail CITY-ST-ZIP Venice, Fl. 34231	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S. NAME KAMERER, ALICE STREET ADDRESS 2303 Aqua Bluff Pl CITY-ST-ZIP Sarasota, Fl. 34231	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE D/V 42 NAME GIBBONS, CAROLYN 43 STREET ADDRESS 4813 Orangetree 44 CITY-ST-ZIP VENICE, Fl. 34293 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP Mail 5-1-95 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K. Judson Boedecker, AS Pres. — 4-24-95 — 813-497-7606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Judson Boedecker, AS Pres.