

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000224 (6)**

1. Corporation Name

SOUTHWOOD, BLOCK 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4901 S TAMiami TR
VENICE FL 34293
US**

Mailing Address

**2303 AQUA BLUFF PL
SARASOTA FL 34231
US**

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0352146

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Alice Kamerer

(NOTE: Registered Agent signature required when reinstating)

2-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BOEDECKER, K J	
STREET ADDRESS	4901 S TAMiami TR	
CITY-STATE-ZIP	VENICE FL	
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, WAYNE F	
STREET ADDRESS	4901 S TAMiami TR	
CITY-STATE-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAMERER, ALICE	
STREET ADDRESS	2303 AQUA BLUFF PL	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANG, WILLIAM	
STREET ADDRESS	4901 S TAMiami TR	
CITY-STATE-ZIP	VENICE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GIBBONS, CAROLYN	
STREET ADDRESS	4813 ORANGETREE	
CITY-STATE-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERLIK, LEE	
1.3 STREET ADDRESS	4871 SUMMERTREE	
1.4 CITY-STATE-ZIP	VENICE, FL. 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	KUSTERS, BILL	
2.3 STREET ADDRESS	4861 SUMMERTREE	
2.4 CITY-STATE-ZIP	VENICE, FL. 34293	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CONDITO, GEORGE	
4.3 STREET ADDRESS	4323 SPICETREE	
4.4 CITY-STATE-ZIP	VENICE, FL. 34293	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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)(k), 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:

Lee Berlik as President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

DATE

Daytime Phone #

CR2E037 (12/95)

APR 3-28-1996