

FILE NOW: FILING FEE IS \$61.25

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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000224 (6)

1. Corporation Name

SOUTHWOOD, BLOCK 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
4901 S TAMiami TR VENICE FL 34293 US	2303 AQUA BLUFF PL SARASOTA FL 34231 US

3. Date Incorporated or Qualified	01/22/1993
4. FEI Number	65-0352146
Applied For	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERLIK, LEE	1.2 NAME	Roy Emanuelson
STREET ADDRESS	4871 SUMMERTREE	1.3 STREET ADDRESS	4328 Summertree
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	Venice, Fl. 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSTERS, BILL	2.2 NAME	John Harrington
STREET ADDRESS	4861 SUMMERTREE	2.3 STREET ADDRESS	4862 Orange Tree
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	Venice, Fl. 34293 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KAMERER, ALICE	3.2 NAME	
STREET ADDRESS	2303 AQUA BLUFF PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CONDITO, GEORGE	4.2 NAME	
STREET ADDRESS	4323 SPICETREE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Howard Earley
STREET ADDRESS		5.3 STREET ADDRESS	4872 Orange Tree
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice, Fl. 34293
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Paul Roberts
STREET ADDRESS		6.3 STREET ADDRESS	4358 Summertree
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Venice, Fl. 34293

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(3)(b), 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: *Alice Kamerer* 3/11/98 941-921-7127

CR2E037 (10/97)