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**May 05, 1999 8:00 am**  
**Secretary of State**

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N93000000224**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

01/22/1993

4. FEI Number

65-0352146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EMANUELSON, ROY  
 STREET ADDRESS 4328 SUMMERTREE  
 CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ DELETE

NAME HARRINGTON, JOHN  
 STREET ADDRESS 4862 ORANGE TREE  
 CITY-ST-ZIP VENICE FL 34293

TITLE S ☐ DELETE

NAME KAMERER, ALICE  
 STREET ADDRESS 2303 AQUA BLUFF PL  
 CITY-ST-ZIP SARASOTA FL

TITLE TD ☒ DELETE

NAME CONDITO, GEORGE  
 STREET ADDRESS 4323 SPICETREE  
 CITY-ST-ZIP VENICE FL 34293

TITLE D ☐ DELETE

NAME EARLEY, HOWARD D  
 STREET ADDRESS 4872 ORANGE TREE  
 CITY-ST-ZIP VENICE FL 34293

TITLE D ☒ DELETE

NAME ROBERTS, PAUL  
 STREET ADDRESS 4358 SUMMERTREE  
 CITY-ST-ZIP VENICE FL 34293

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD Stevens, Barbara  
 4851 Summertree  
 Venice, FL 34293

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Hoydilla, Joyce  
 4308 Summertree  
 Venice, FL 34293

14. 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 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, with all other like empowered.

SIGNATURE:

*Shirley Kameron*

4-21-99 Sect. (941) 921-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)