

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 042 ****61.25

DOCUMENT # N93000000224

1. Entity Name

SOUTHWOOD, BLOCK 2 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**P.O. BOX 18665
SARASOTA FL 34276
US**

54013709



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alice Kameron, Sect.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 18, 2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KOSKI, WILLIAM**
STREET ADDRESS **4832 ORANGE TREE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **FLESH, ROBERT**
STREET ADDRESS **4816 ORANGETREE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** ☒ Delete
NAME **EMANUELSON, CAROL**
STREET ADDRESS **4328 SUMMERTREE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **PALEMO, EILEEN**
STREET ADDRESS **4386 SUMMERTREE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **S** ☐ Delete
NAME **KAMERER, ALICE**
STREET ADDRESS **2303 AQUA BLUFF PL**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition
NAME **BERLIK, LEE**
STREET ADDRESS **4871 SUMMERTREE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **PD** ☐ Delete
NAME **STEVENS, ROBERT**
STREET ADDRESS **4851 SUMMERTREE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☐ Change ☒ Addition
NAME **SUTHERLAND, FORD**
STREET ADDRESS **4318 SUMMERTREE**
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** ☐ Change ☐ Addition
NAME **KUSTERS, WM.**
STREET ADDRESS **4861 SUMMERTREE**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **VPD** ☐ Delete
NAME **GARBER, MICHAEL**
STREET ADDRESS **4343 SPICE TREE**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered 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 attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Stevens

ROBERT M. STEVENS, President 2/2/04 941-921-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #