

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90035 031 ****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

40103970



05162008 Chg-NP CR2E037 (12/06)

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|--|---------|---------------------|---------|---|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 65-0352146 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |

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

| | | | |
|--|---|---------------------------------------|--|
| Filing Fee is \$61.25 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 NAME STREET ADDRESS CITY-ST-ZIP | DV FLESCHE, ROBERT 4816 ORANGE TREE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERVIN CHADBORNE 4378 SUMMERTREE VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALERMO, EILEEN 4386 SUMMERTREE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLADYS ROBERTS 4358 SUMMERTREE VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KAMERER, ALICE 2303 AQUA BLUFF PL SARASOTA, FL 34231 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANDERS, CLYDE 4368 SUMMERTREE VENICE, FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EARLEY, HOWARD D 4872 ORANGE TREE VENICE, FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EMANUELSON, CAROL 4328 SUMMERTREE VENICE, FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice Kamerer, Secy* 5/14/08 941-921-7127