2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N93000000224

Entity Name: SOUTHWOOD, BLOCK 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4901 S TAMIAMI TR
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18665
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 65-0352146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CHADBORNE, MERVIN	
Address:	4378 SUMMERTREE	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	ROBERTS, GLADYS	
Address:	4358 SUMMERTREE	
City-St-Zip:	VENICE, FL 34293	
Title:	S	( ) Delete
Name:	KAMERER, ALICE	
Address:	2303 AQUA BLUFF PL	
City-St-Zip:	SARASOTA, FL 34231	
Title:	PD	( ) Delete
Name:	SANDERS, CLYDE	
Address:	4368 SUMMERTREE	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	EARLEY, HOWARD D	
Address:	4872 ORANGE TREE	
City-St-Zip:	VENICE, FL 34293	
Title:	TD	( ) Delete
Name:	EMANUELSON, CAROL	
Address:	4328 SUMMERTREE	
City-St-Zip:	VENICE, FL 34293	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BERLIK, LEE	
Address:	4871 SUMMERTREE	
City-St-Zip:	VENICE, FL 34293	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE KAMERER S 04/15/2009

Electronic Signature of Signing Officer or Director — Date