
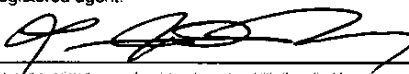
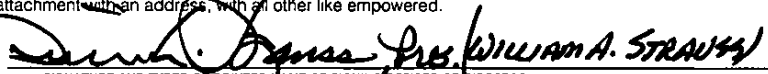


Certified Mail # 7004 1350 0003 8030 5096

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90166 020 ****61.25

DOCUMENT # N95000003142					
1. Entity Name SOUTHWOOD COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 9115 58TH DR. E STE. A BRADENTON, FL 34202 US			Mailing Address 9115 58TH DR. E STE. A BRADENTON, FL 34202 US		
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 65-0636845	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LECKEY, PHILLIPS D 9115 58TH DR. E. STE B BRADENTON, FL 34202			Name <u>Countryside Management Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>9115 58th Dr. E. Suite A</u> City <u>Bradenton, FL</u> Zip Code <u>34202</u>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECKEY, PHILLIP D		NAME		
STREET ADDRESS	9115 58TH DR. E STE B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, LINDA K		NAME		
STREET ADDRESS	9115 58TH DR. E. STE. B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICK, CHRISTINA		NAME		
STREET ADDRESS	9115 58TH DR. E SUITE A		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	President William A. Strauss	
STREET ADDRESS			STREET ADDRESS	10267 Silverado Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	James Buchholden		NAME	Vice President Karin R. Murphy	
STREET ADDRESS	10252 Silverado Circle		STREET ADDRESS	10243 Silverado Circle	
CITY-ST-ZIP	Bradenton, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Treasurer Dianne Griesman	
STREET ADDRESS			STREET ADDRESS	7306 Dunes Ct	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
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:  DATE: 4/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					