


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 10, 2006 08:00 A

Secretary of State

7004 2510 0004 8253 8283

DOCUMENT # N95000003142 1. Entity Name SOUTHWOOD COMMUNITY ASSOCIATION, INC.	
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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
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04132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636845	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COANTREEWINE MANAGEMENT SERVICES, INC 9115 58TH DR. E. STE A BRADENTON, FL 34202	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRAUSS, WILLIAM A 10267 SILVERADO CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MURPHY, KARIN K 10243 SILVERADO CIRCLE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRIESMAN, DIANNE M 7306 DUNES CT BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000565330
05/20/06-80128-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **President** 4/18/06 **941-355-4874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #