


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90230 034 \*\*\*\*61.25

<b>DOCUMENT # N95000003142</b>					
<b>1. Entity Name</b> SOUTHWOOD COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9115 58TH DR. E STE. A BRADENTON, FL 34202 US			<b>Mailing Address</b> 9115 58TH DR. E STE. A BRADENTON, FL 34202 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9031 Town Center Pkwy		<b>3. Mailing Address</b> 9031 Town Center Pkwy		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL		<b>4. FEI Number</b> 65-0636845	
Zip 34202		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COANTREEWINE MANAGEMENT SERVICES, INC 9115 58TH DR. E. STE A BRADENTON, FL 34202				<b>7. Name and Address of New Registered Agent</b> Name Advanced Management of SW FL INC Street Address (P.O. Box Number is Not Acceptable) 9031 Town Center Pkwy City Bradenton FL Zip Code 34202	
<b>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.</b>					
SIGNATURE <u>Douglas E. Wilson</u> DATE <u>4-24-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAUSS, WILLIAM A 10267 SILVERADO CIRCLE BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, KARIN K 10243 SILVERADO CIRCLE BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIESMAN, DIANNE 7306 DUNES CT BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Item have Director</del> 10154 Glenmore Ave Bradenton FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Molly Camp-Secretary 10054 Glenmore Ave Bradenton FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Dianne M. Griesman</u> DATE <u>4/19/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					