

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005860

FILED
Jul 10, 2009
Secretary of State

Entity Name: SOUTHWOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4475 US 1 SOUTH, STE. 601
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5455 US 1 SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3478141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

07/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNED, DOUG
Address: 777 CRESTWOOD DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: D () Delete
Name: ROBBINS, ELIZABETH
Address: 4475 US 1 SOUTH, STE 504
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VPD () Delete
Name: SAINDON, HERB
Address: 825 CRESWOOD
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: TD (X) Delete
Name: GERWIG, CHARLES
Address: 1008 RIDGEWOOD LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SO (X) Delete
Name: AMMERALL, JOHN
Address: 849 CRESTWOOD DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KENNETT, DOUG
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VPD (X) Change () Addition
Name: SAINDON, HERB
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: TD (X) Change () Addition
Name: GERWIG, CHARLES
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

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: CHARLES GERWIG

T

07/10/2009

Electronic Signature of Signing Officer or Director

Date