

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005860

**FILED**  
**Apr 14, 2010**  
**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 US 1 SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-3478141      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080 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:** PD  
**Name:** KENNETT, DOUG  
**Address:** 5455 A1A SOUTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 US

**Title:** VPD  
**Name:** SAINDON, HERB  
**Address:** 5455 A1A SOUTH  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**Title:** TD  
**Name:** GERWIG, CHARLES  
**Address:** 5455 A1A SOUTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES GERWIG

TD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date