



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 033 ****61.25

DOCUMENT # N99000002923					
1. Entity Name SOUTHWOOD II (AMMENDED), LOT 8 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4400 NW 36TH AVE GAINESVILLE, FL 32606			Mailing Address 4400 NW 36TH AVE GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street Suite, Apt. #, etc. Suite 3 City & State Gainesville FL Zip 32607 Country USA		3. Mailing Address 500 NW 43rd Street Suite, Apt. #, etc. Suite 3 City & State Gainesville FL Zip 32607 Country USA			
4. FEI Number 59-3629478				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01082008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MANAGEMENT SPECIALIST 4400 NW 36TH AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Cornerstone Property Solutions of N. Central FL Street Address (P.O. Box Number is Not Acceptable) 500 NW 43rd Street Suite 3 City Gainesville FL Zip Code 32607		
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 <u>Eugene Haufler</u> <u>S. J. E.</u> <u>4-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, LESTER		NAME		
STREET ADDRESS	6807 BALANCE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS, CO 80922		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, CATHERINE		NAME		
STREET ADDRESS	P.O. BOX 24943		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Catherine M. Banta</u> <u>4/21/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					