

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 012 ****61.25

DOCUMENT # N99000007113					
1. Entity Name THE SOUTHWOOD OF HOLLYWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3856 SOUTH CIRCLE DR HOLLYWOOD, FL 33021			Mailing Address 3856 SOUTH CIRCLE DR HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0915433	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIANO, TONY 3117 HARRISON ST. HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SCHIANO, TONY STREET ADDRESS 3117 HARRISON ST. CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE PD NAME President Merlin Ortiz STREET ADDRESS 3856 S. circle Dr CITY-ST-ZIP HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME ORTON, ADELAIDA STREET ADDRESS 1516 JEFFERSON ST CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ORTIZ, MERLIN STREET ADDRESS 3856 S CIR DR, APT # 1 CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE SD NAME Tony Schiano STREET ADDRESS 3117 Harrison St CITY-ST-ZIP HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Adelaida Orton</i>			4/10/07 9549250843		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		