

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00616

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**1518081936CC****Entity Name:** SOUTHWOOD 2, TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**14260 W NEWBERRY ROAD #192  
NEWBERRY, FL 32669**Current Mailing Address:**14260 W NEWBERRY ROAD #192  
NEWBERRY, FL 32669 US**FEI Number: 94-1687665****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMART CHOICE REALTY AND MANAGEMENT, INC  
14260 W NEWBERRY ROAD #192  
NEWBERRY, FL 32669 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: LORETTA CAMFFERMAN****03/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | VP                         |
| Name            | HURTADA, ROOMY             |
| Address         | 14260 W NEWBERRY ROAD #192 |
| City-State-Zip: | NEWBERRY FL 32669          |

|                 |                            |
|-----------------|----------------------------|
| Title           | SECRETARY, TREASURER       |
| Name            | DECANAY, AUSTIN            |
| Address         | 14260 W NEWBERRY ROAD #192 |
| City-State-Zip: | NEWBERRY FL 32669          |

|                 |                            |
|-----------------|----------------------------|
| Title           | PRESIDENT                  |
| Name            | LEWIS, ONI                 |
| Address         | 14260 W NEWBERRY ROAD #192 |
| City-State-Zip: | NEWBERRY FL 32669          |

|                 |                            |
|-----------------|----------------------------|
| Title           | REGISTERED AGENT           |
| Name            | CAMFFERMAN, LORETTA        |
| Address         | 14260 W NEWBERRY ROAD #192 |
| City-State-Zip: | NEWBERRY FL 32669          |

*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: LORETTA M CAMFFERMAN****REGISTERED AGENT****03/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date