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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744821 (0)**

1. Corporation Name  
**THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169</b>	Mailing Address <b>5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/02/1978</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>59-1954748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**DE GANAHL JAMES  
104 OAKS COURT  
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<b>DE GANAHL, JAMES</b> 104 OAKS COURT SANFORD FL
TITLE <b>VD</b>	<b>LEPOW, NIEL</b> 2465 VIA GENOVA APOPKA FL 32712
TITLE <b>TD</b>	<b>CLARK, CAROLYN</b> 5499 S. ATLANTIC AVE, #903 NEW SMYRNA BEACH FL 32169
TITLE <b>SD</b>	<b>FORETIC, MAUD</b> 525 S LONGVIEW LONGWOOD FL 32779
TITLE <b>D</b>	<b>DEDELOW, EDWARD</b> 607 ARABIAN AVE WINTER SPRINGS FL 32708
TITLE <b>D</b>	<b>LOGERFO, THOMAS</b> 5499 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>HANS TEWS</b>	
1.3 STREET ADDRESS <b>1508 SPRING LAKE DR</b>	
1.4 CITY-ST-ZIP <b>ORLANDO FL 32804</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn M. Clark* **2/24/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Carolyn M. Clark**