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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744821 (0)  
1. Corporation Name  
THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
5499 S ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169 5499 S ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32189-4529

3. Date Incorporated or Qualified 11/02/1978 3a. Date of Last Report 01/25/1996  
4. FEI Number 59-1954748 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 HANS TEWS  
82 Street Address (P.O. Box Number is Not Acceptable) 1508 SPRING LAKE DR  
83  
84 City ORLANDO FL 85 Zip Code 32804

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD [ ] DELETE  
NAME HANS, TEWS  
STREET ADDRESS 1508 SPRING LAKE DR  
CITY-ST-ZIP ORLANDO FL  
TITLE VD [ ] DELETE  
NAME LEPOW, NIEL  
STREET ADDRESS 2465 VIA GENOVA  
CITY-ST-ZIP APOPKA FL 32712  
TITLE TD [ ] DELETE  
NAME CLARK, CAROLYN  
STREET ADDRESS 5499 S. ATLANTIC AVE, #903  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32189  
TITLE SD [ ] DELETE  
NAME FORETIC, MAUD  
STREET ADDRESS 525 S LONGVIEW  
CITY-ST-ZIP LONGWOOD FL 32779  
TITLE D [ ] DELETE  
NAME DAVES, JOHN  
STREET ADDRESS 2821 S. COUNTY RD 419  
CITY-ST-ZIP CHULUOTA FL  
TITLE D [ ] DELETE  
NAME LOGERFO, THOMAS  
STREET ADDRESS 5499 S ATLANTIC AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 1/21/97 428-5327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003145

CR2E037 (9/96)