


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address	
5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169		5499 S ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	29. Zip
24. Country	30. Country	25. Country	30. Country

3. Date Incorporated or Qualified	11/02/1978
4. FEI Number	59-1954748
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

TEWS, HANS
1508 SPRING LAKE DR
ORLANDO FL 32804

SIGNATURE: *[Handwritten Signature]*

10. Name and Address of New Registered Agent

81 Name: **FRED HUMPHREY**

82 Street Address (P.O. Box Number is Not Acceptable): **3002 DADE AV.**

83

84 City: **ORLANDO** FL 85 Zip Code: **32802**

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 of the corporation with and accept the obligations of Section 617.0502, Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input checked="" type="checkbox"/>
NAME	HANS, TEWS	
STREET ADDRESS	1508 SPRING LAKE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	DELETE <input type="checkbox"/>
NAME	LEPOW, NIEL	
STREET ADDRESS	2485 VIA GENOVA	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	DELETE <input type="checkbox"/>
NAME	CLARK, CAROLYN	
STREET ADDRESS	5499 S. ATLANTIC AVE, #903	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	DELETE <input type="checkbox"/>
NAME	FORETIC, MAUD	
STREET ADDRESS	525 S LONGVIEW	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	DELETE <input type="checkbox"/>
NAME	DAVES, JOHN	
STREET ADDRESS	2621 S. COUNTY RD 419	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	DELETE <input type="checkbox"/>
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	PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	FRED HUMPHREY	
1.3 STREET ADDRESS	3002 DADE AV.	
1.4 CITY-ST-ZIP	ORLANDO FL 32802	
2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Handwritten Signature]* 2/3/98

CR2E037 (10/97)