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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744821

1. Corporation Name

THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
5499 S ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
5499 S ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/02/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1954748

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, FRED
3002 DADE AVE
ORLANDO FL 32802

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME HUMPHREY, FRED
STREET ADDRESS 3002 DADE AVE
CITY-ST-ZIP ORLANDO FL 32802

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME LEPOW, NIEL
STREET ADDRESS 2465 VIA GENOVA
CITY-ST-ZIP APOPKA FL 32712

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME CLARK, CAROLYN
STREET ADDRESS 5499 S. ATLANTIC AVE, #903
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME FORETIC, MAUD
STREET ADDRESS 525 S LONGVIEW
CITY-ST-ZIP LONGWOOD FL 32779

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME DAVES, JOHN
STREET ADDRESS 2621 S. COUNTY RD 419
CITY-ST-ZIP CHULUOTA FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME LOGERFO, THOMAS
STREET ADDRESS 5499 S ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
HAUS TEWS
1508 SPRING LAKE DR
ORLANDO FL 32804

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
[Signature]

1/13/99

Date

Daytime Phone #

CR2E037 (11/98)