

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90020 022 \*\*\*\*61.25

**DOCUMENT # 744821**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1954748**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HUMPHREY, FRED  
 3002 DADE AVE  
 ORLANDO FL 32802~~

Name **HANS TEWS**

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

**1236 Country Club Oaks Circle**

City **Orlando**

**FL**

Zip Code **32804**

8. 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

*Harry W. Shaw*

**3/8/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME ~~HUMPHREY, FRED~~  
 STREET ADDRESS ~~3002 DADE AVE~~  
 CITY-ST-ZIP ~~ORLANDO FL 32802~~

TITLE **VP**  Change  Addition  
 NAME **Ed Henderson**  
 STREET ADDRESS **P.O. Box 150**  
 CITY-ST-ZIP **Winter Park, FL 32790**

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

TITLE **D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DAVES, JOHN**  
 STREET ADDRESS **2821 S. COUNTY RD 419**  
 CITY-ST-ZIP **CHULUOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME ~~HAUS, TENS~~  
 STREET ADDRESS **1508 SPRING LAKE DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD**  Change  Addition  
 NAME **HANS TEWS**  
 STREET ADDRESS **1236 Country Club Oaks Cir**  
 CITY-ST-ZIP **Orlando, FL 32804**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carolyn Clark* **Carolyn Clark Treasurer 3/8/02 386/428-5337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)