

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

744821

1. Entity Name

SOUTHWIND CONDOMINIUM ASSOCIATION

FILED

02 MAY -6 AM 11:03

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SECRETARY OF STATE /  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

130 N. COLLIER BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2397

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

4. FEI Number

59-1323311

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34146

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name CHRISTOPHER BURT

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

601 ELRCAM CIRCLE

City MARCO ISLAND, FL

FL

Zip Code 34145

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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

TITLE	DP
NAME	THOMAS COAKLEY
STREET ADDRESS	638 THORNBURG PLACE
CITY-ST-ZIP	TIPPECANOE, OH 45371
TITLE	DVP
NAME	MARY HOUSER
STREET ADDRESS	130 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	DT
NAME	NORA-EMERSON
STREET ADDRESS	34 JEFFERSON ROAD
CITY-ST-ZIP	FORESTBURGH, NY 12777
TITLE	D
NAME	WILLIAM WALSH
STREET ADDRESS	76 BLACK PLAIN ROAD
CITY-ST-ZIP	NORTH SMITHFIELD, RI 02894
TITLE	D
NAME	BOB KELLEY
STREET ADDRESS	138 S. MAIN STREET
CITY-ST-ZIP	N. BALTIMORE, OH 45872
TITLE	D
NAME	CLARK MORTON
STREET ADDRESS	130 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145

TITLE	
NAME	
STREET ADDRESS	200005555412--3
CITY-ST-ZIP	-05/16/02--01065--031
	*****61.25 *****61.25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

Attachment <sup>FEL</sup> # 59-1323311

SOUTH WIND CONDOMINIUM ASSOCIATION

DIRECTORS

D

ROBERT SWEERLEY

41 CAMBLEY ROAD

ATTLEBORO, MA 02703

D

BARBARA HALL

148 RIVULET STREET

JXBRIDGE, MA 01569