

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90414 020 ****61.25



DOCUMENT # 744821

1. Entity Name

THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5499 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address

5499 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)



4. FEI Number

59-1954748

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUELLER, ROBERT T
112 RAYMOND OAKS COURT
ALTAMONTE SPRINGS FL 32701

Name *Fred M. Humphrey*

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

3002 Jade Ave.

Orlando FL

32804

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUELLERS, ROBERT T	
STREET ADDRESS	112 RAYMOND OAKS COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARK, CAROLYN	
STREET ADDRESS	5499 S. ATLANTIC AVE., #903	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORETIC, MAUD	
STREET ADDRESS	525 S. LONGVIEW	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVES, JOHN	
STREET ADDRESS	2621 S. COUNTY RD. 419	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEWS, HANS	
STREET ADDRESS	1236 COUNTRY CLUB OAKS CIR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President/Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Fred M. Humphrey</i>	
STREET ADDRESS	<i>3002 Jade Ave</i>	
CITY-ST-ZIP	<i>Orlando, FL 32804</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *Robert M. Mueller* *4/21/06* *3861438-5347*