


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90036 025 \*\*\*\*61.25

**DOCUMENT # 744821**

1. Entity Name  
**THE SOUTHWIND CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business      Mailing Address  
**5499 S. ATLANTIC AVE.**      **5499 S. ATLANTIC AVE.**  
**NEW SMYRNA BEACH FL 32169**      **NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For  
**59-1954748**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHREY, FRED M**  
**3002 DADE AVE**  
**ORLANDO FL 32804**

*PATRICIA A. ROONEY*

7. Name and Address of New Registered Agent

Name  
*PATRICIA A. ROONEY*

Street Address (P.O. Box Number is Not Acceptable)  
*5499 S. ATLANTIC AVE # 1103*

City  
*New Smyrna Beach,*

FL      Zip Code  
*32167*

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: *Patricia A. Rooney*      DATE: *4/25/08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	<del>PD</del> <b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HUMPHREY, FRED M</b>	
STREET ADDRESS	<b>3002 DADE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, CAROLYN</b>	
STREET ADDRESS	<b>5499 S. ATLANTIC AVE., #903</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PARSON, PEGGY</b>	
STREET ADDRESS	<b>5499 S. ATLANTIC AVE #1003</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVES, JOHN</b>	
STREET ADDRESS	<b>2621 S. COUNTY RD. 419</b>	
CITY-ST-ZIP	<b>CHULUOTA FL</b>	
TITLE	<del>PD</del> <b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ROONEY, PATRICIA</b>	
STREET ADDRESS	<b>5499 S. ATLANTIC AVE #1103</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Patricia A. Rooney*      DATE: *4/25/08*