

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744821

FILED  
Apr 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5499 S. ATLANTIC AVE.  
#903  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

5499 S. ATLANTIC AVE.  
#903  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-1954748      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROONEY, PATRICIA A  
5499 S. ATLANTIC AVE. #1103  
NEW SMYRNA BEACH, FL 32167      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: HUMPHREY, FRED M  
Address: 3002 DADE AVE  
City-St-Zip: ORLANDO, FL 32804

Title: TD  
Name: CLARK, CAROLYN M  
Address: 5499 S. ATLANTIC AVE., #903  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD  
Name: WALCHENBACH, DOROTHY  
Address: 1136 BARKER ROAD #35  
City-St-Zip: PITTSFIELD,, MA 01201

Title: D  
Name: DAVES, JOHN  
Address: 2621 S. COUNTY RD. 419  
City-St-Zip: CHULUOTA, FL

Title: PD  
Name: ROONEY, PATRICIA A  
Address: 5499 S. ATLANTIC AVE #1103  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN M CLARK

TD

04/21/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date