

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744821

FILED  
Mar 05, 2012  
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:**

5499 S. ATLANTIC AVE.  
#100  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

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

**New Mailing Address:**

5499 S. ATLANTIC AVE.  
#100  
NEW SMYRNA BEACH, FL 32169

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:**

HUMPHREY, FRED M  
3002 DADE AVE.  
ORLANDO, FL 32804 US

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: FRED M. HUMPHREY

03/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: MARSHBURN, JAMES  
Address: 445 KNOLL TREE LANE  
City-St-Zip: APOPKA, FL 32712

Title: S  
Name: HINDERLITER, KATIE  
Address: 1312 GREEN COVE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: T  
Name: MUELLER, JOAN  
Address: 112 RAYMOND OAKS COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: D  
Name: MCLAUGHLIN, GAIL  
Address: 4221 LANDMARK DRIVE  
City-St-Zip: ORLANDO, FL 32817

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: FRED M. HUMPHREY

P

03/05/2012

Electronic Signature of Signing Officer or Director

Date