


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 018 ****61.25

DOCUMENT # N99000000785

1. Entity Name
SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.



Principal Place of Business
**C/O PEGASUS PROPERTY MGMT
 17595 S. TAMiami TRAIL #100
 FORT MYERS, FL 33908**

Mailing Address
**C/O PEGASUS PROPERTY MGMT
 17595 S. TAMiami TRAIL #100
 FORT MYERS, FL 33908**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1000603

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HART, THOMAS B ESQ.
 1625 HENDRY STREET
 SUITE 301
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name **BARBARA A. STILSON-EATON**

Street Address (P.O. Box Number is Not Acceptable)
**C/O PEGASUS PROPERTY MGMT
 17595 - 100 S. TAMiami TRAIL**

City **FT. MYERS** FL Zip Code **33908**

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 *Barbara A. Stilson-Eaton* DATE **4/22/04**

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

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, RICK D 15 CHOCTAW CIRCLE CHANHASSEN, MN 55317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DAVID A 1535 BAVARIAN SHORES DRIVE CHASKA, MN 55318	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAIER, AL 4135 TRILLIAM LN E MOUND, MN 55364	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND GUARINO 8252 SOUTHWIND BAY CIRCLE FT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHAEL DONALD SWEENEY 17680 SOUTHWIND BREEZE CT FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATHY CANARY 8492 SOUTHWIND BAY CIRCLE FORT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLAN J. KAMRAD 8509 SOUTHWIND BAY CIRCLE FT MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ray Guarino* DATE **4/23/2004** DAYTIME PHONE # **239-457-8568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR