


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000000785	
1. Entity Name SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.	

Principal Place of Business 8252 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908 US	Mailing Address C/O REALTY SERVICES 2525 PARKWAY STREET FORT MYERS, FL 33901 US
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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



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1000603		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REALTY SERVICES 2525 PARKWAY STREET FORT MYERS, FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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]* *Michael McVety* *3/31/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, MICHAEL D	NAME	
STREET ADDRESS	17680 SOUTHWIND BREEZE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	U00000930572 05/21/08-80114-013 61.25
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, DON	NAME	
STREET ADDRESS	8253 SOUTHWIND BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, MARSHA	NAME	
STREET ADDRESS	8283 SOUTHWIND BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITMAR, RONALD	NAME	
STREET ADDRESS	3889 BRIDGESTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS, MI 49546	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTLE, WILLIAM	NAME	
STREET ADDRESS	8364 SOUTHERN BAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 lists empowered.

SIGNATURE: *[Signature]* *3-31-08* *472-5250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #