2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010457

FILED Apr 24, 2006 Secretary of State

Entity Name: SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH LAKELAND INC.

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|--|--|--|---|---|--|
| | ONES THWIND DR. Y, FL 33860 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ONES THWIND DR. Y, FL 33860 | | | | |
| FEI Number: | 51-0559398 | FEI Number Applied For () | FEI Number Not App | licable () Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: | |
| | ARTIN THWIND DR. Y, FL 33860 | US | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electroni | A | | | |
| | Liectioni | c Signature of Registered Age | ent | Date | |
| OFFICERS | S AND DIRECT | 0 0 | | Date IS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: | S AND DIRECT | TORS: Delete ND DR. | | | |
| OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | PD () SIFFORD, TEE 4820 SOUTHWII MULBERRY, FL | Delete ND DR. 33860 US Delete CD ND DR. | ADDITION Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | PD () SIFFORD, TEE 4820 SOUTHWII MULBERRY, FL VD () BATES, RICHAR 5050 SOUTHWII MULBERRY, FL | Delete ND DR. 33860 US Delete ED ND DR. 33860 US Delete ED ND DR. 33860 US Delete I ND DR. | ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: | IS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition V (X) Change () Addition DANIEL, STEPHEN 4955 SOUTHWIND DR. | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID ZELLER T 04/24/2006