


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90195 046 ****61.25

DOCUMENT # N05000010457					
1. Entity Name SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH LAKELAND INC.					
Principal Place of Business MARTIN JONES 4868 SOUTHWIND DR. MULBERRY, FL 33860		Mailing Address MARTIN JONES 4868 SOUTHWIND DR. MULBERRY, FL 33860			
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	04042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 51-0559398				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		
JONES, MARTIN 4868 SOUTHWIND DR. MULBERRY, FL 33860			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIFFORD, TEE		NAME		
STREET ADDRESS	4820 SOUTHWIND DR.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, STEPHEN		NAME		
STREET ADDRESS	4955 SOUTHWIND DR.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, DAVID		NAME		
STREET ADDRESS	4905 SOUTHWIND DR.		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, HOLLY		NAME	HUNT, LISA	
STREET ADDRESS	4942 SOUTH LAKE DR.		STREET ADDRESS	5610 GARNETT ROAD	
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HUNT, LARRY	
STREET ADDRESS			STREET ADDRESS	5610 GARNETT ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FODOR, ALEX	
STREET ADDRESS			STREET ADDRESS	4805 SOUTHWIND CT.	
CITY-ST-ZIP			CITY-ST-ZIP	MULBERRY, FL 33860	
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 like empowered.					
SIGNATURE: <u>Lisa Hunt</u>			Date: <u>4/4/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		