


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 025 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # N05000010457 | | | |  | |
| 1. Entity Name SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH LAKE LAND 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 | 4. FEI Number 51-0559398 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JONES, MARTIN 4868 SOUTHWIND DR. MULBERRY, FL 33860 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME SIFFORD, TEE STREET ADDRESS 4820 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME DANIEL, STEPHEN STREET ADDRESS 4955 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Delete | | TITLE Y NAME SKLADANEK, PETER STREET ADDRESS 4785 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE T NAME ZELLER, DAVID STREET ADDRESS 4905 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME HUNT, LISA STREET ADDRESS 5610 GARNETT ROAD CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Delete | | TITLE S NAME ZELLER, ELAISE STREET ADDRESS 4905 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HUNT, LARRY STREET ADDRESS 5610 GARNETT ROAD CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME PROPER, JAN STREET ADDRESS 4850 SOUTHWIND DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME FODOR, ALEX STREET ADDRESS 4805 SOUTHWIND CT. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME ARTER, CALVIN STREET ADDRESS 4943 SOUTH LAKE DR. CITY-ST-ZIP MULBERRY, FL 33860 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 information empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 04-22-08 <small>Date</small> | | |
| <small>Daytime Phone #</small> | | | | | |

ATTACHMENT

40082752

2008 NOT-FOR PROFIT CORPORATION ANNUAL REPORT (Cont.)

DOCUMENT #N05000010457

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| 10. OFFICERS AND DIRECTORS (Cont.) | | 11. CHANGES TO OFFICERS AND DIRECTORS IN 10 (Cont.) | |
| TITLE | | TITLE | D √ Addition |
| NAME | | NAME | Bonacum , Tony |
| STREET ADDRESS | | STREET ADDRESS | 4935 Southwind Dr. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Mulberry, FL 33860 |
| TITLE | | TITLE | D √ Addition |
| NAME | | NAME | Fuller, Paul |
| STREET ADDRESS | | STREET ADDRESS | 4840 Southwind Dr. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Mulberry, FL 33860 |