


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 #
 Suite, Apt. #, etc.

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

City & State

4. FEI Number
51-0559398

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	SIFFORD, TEE	
STREET ADDRESS	4820 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, STEPHEN	
STREET ADDRESS	4955 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZELLER, DAVID	
STREET ADDRESS	4905 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNT, LISA	
STREET ADDRESS	5610 GARNETT ROAD	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT, LARRY	
STREET ADDRESS	5610 GARNETT ROAD	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FODOR, ALEX	
STREET ADDRESS	4805 SOUTHWIND CT.	
CITY-ST-ZIP	MULBERRY, FL 33860	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLADANEK, PETER	
STREET ADDRESS	4785 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, ELOISE	
STREET ADDRESS	4905 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPER, JAN	
STREET ADDRESS	4850 SOUTHWIND DR.	
CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTER, CALVIN	
STREET ADDRESS	4943 SOUTH LAKE DR.	
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 titles empowered.

SIGNATURE: _____ *Lee Sifford* _____ **04-22-08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04212008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40082752

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

DOCUMENT #N05000010457

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