

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

DOCUMENT# N05000010457

**Entity Name:** SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH LAKE LAND INC.

**Current Principal Place of Business:**

MARTIN JONES  
4868 SOUTHWIND DR.  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

MARTIN JONES  
4868 SOUTHWIND DR.  
MULBERRY, FL 33860

**New Mailing Address:**

ELOISE ZELLER  
4905 SOUTHWIND DRIVE  
MULBERRY, FL 33860

FEI Number: 51-0559398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, MARTIN  
4868 SOUTHWIND DR.  
MULBERRY, FL 33860 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIFFORD, TEE  
Address: 4820 SOUTHWIND DR.  
City-St-Zip: MULBERRY, FL 33860 US

Title: V ( ) Delete  
Name: SKLADANEK, PETER  
Address: 4785 SOUTHWIND DR  
City-St-Zip: MULBERRY, FL 33860 US

Title: T ( ) Delete  
Name: ZELLER, DAVID  
Address: 4905 SOUTHWIND DR.  
City-St-Zip: MULBERRY, FL 33860 US

Title: S ( ) Delete  
Name: ZELLER, ELOISE  
Address: 4905 SOUTHWIND DR  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: PROPER, JAN  
Address: 4850 SOUTHWIND DR  
City-St-Zip: MULBERRY, FL 33860

Title: D ( ) Delete  
Name: CARTER, CALVIN  
Address: 4943 SOUTH LAKE DR  
City-St-Zip: MULBERRY, FL 33860

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ARTER, CALVIN  
Address: 4943 SOUTH LAKE DR  
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify 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: ELOISE ZELLER

S

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date