

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010457

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

FILED
Feb 03, 2015
Secretary of State
CC3189492929

Current Principal Place of Business:

ANTHONY M. BONACUM
4935 SOUTHWIND DR.
MULBERRY, FL 33860

Current Mailing Address:

ELOISE ZELLER
4905 SOUTHWIND DRIVE
MULBERRY, FL 33860

FEI Number: 51-0559398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONACUM, ANTHONY M
4935 SOUTHWIND DR.
MULBERRY, FL 33860 US

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: ANTHONY M. BONACUM

02/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIFFORD, TEE
Address 4820 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title VP
Name BONACUM, ANTHONY M
Address 4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title TREASURER
Name BEYER, WAYNE A
Address ANTHONY M. BONACUM
 4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title SECRETARY
Name ZELLER, ELOISE
Address 4905 SOUTHWIND DR
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name BATES, RICHARD
Address 5050 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name OWENS, LARRY
Address 4948 SOUTHWIND DR
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name ZELLER, DAVID A
Address ANTHONY M. BONACUM
 4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name BONACUM, TONY
Address ANTHONY M. BONACUM
 4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

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I hereby 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 all other like empowered.

SIGNATURE: ELOISE I. ZELLER

SECRETARY

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BONACUM, CAROLE
Address ANTHONY M. BONACUM
4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name REESE, RALPH
Address ANTHONY M. BONACUM
4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name KERN, DAVID
Address ANTHONY M. BONACUM
4935 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860