

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010457

Entity Name: SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH
LAKELAND INC.**FILED**
Feb 08, 2016
Secretary of State
CC2631148082**Current Principal Place of Business:**ANTHONY M. BONACUM
4935 SOUTHWIND DR.
MULBERRY, FL 33860**Current Mailing Address:**4905 SOUTHWIND DRIVE
MULBERRY, FL 33860 US**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****02/08/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIFFORD, TEE
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title VP
Name SKLADANEK, PETER
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title TREASURER
Name ARTER, VALERIE
Address 4905 SOUTHWIND DRIVE
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 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name OWENS, LARRY
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name ZELLER, DAVID A
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name BONACUM, TONY
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Continues on page 2

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****02/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONES, MARTIN
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name HALL, JOHN
Address 4905 SOUTHWIND DRIVE
City-State-Zip: MULBERRY FL 33860

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