

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010457

FILED
Feb 03, 2014
Secretary of State
CC6533965562

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

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

02/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title T
Name ZELLER, DAVID
Address 4905 SOUTHWIND DR.
City-State-Zip: MULBERRY FL 33860

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

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

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

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

02/03/2014

Electronic Signature of Signing Officer/Director Detail

Date