

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010457

**FILED**  
**Mar 30, 2019**  
**Secretary of State**  
**1091352965CC**

**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:**

4860 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**

**03/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALL, JOHN E  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            VP  
Name            SKLADANEK, PETER  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            TREASURER  
Name            ARTER, VALERIE  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            SECRETARY  
Name            STARK, GENEVIEVE A  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            DIRECTOR  
Name            BATES, RICHARD  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            DIRECTOR  
Name            OWENS, LARRY  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            DIRECTOR  
Name            BONACUM, TONY  
Address        4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title            DIRECTOR  
Name            TREMBLEY, DOTTIE  
Address        4860 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: GENEVIEVE A. STARK**

**SECRETARY**

**03/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARTER, CALVIN  
Address 4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name BEYER, WAYNE  
Address 4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name DURHAM, JEFFREY  
Address 4860 SOUTHWIND DRIVE  
City-State-Zip: MULBERRY FL 33860