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

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

Current Mailing Address:

4860 SOUTHWIND DRIVE MULBERRY, FL 33860 US

DOCUMENT# N05000010457

FEI Number: 51-0559398

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/Dired	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	HALL, JOHN E	Name	SKLADANEK, PETER	
Address	4860 SOUTHWIND DRIVE	Address	4860 SOUTHWIND DRIVE	
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860	
Title	TREASURER	Title	SECRETARY	
Name	ARTER, VALERIE	Name	STARK, GENEVIEVE A	
Address	4860 SOUTHWIND DRIVE	Address	4860 SOUTHWIND DRIVE	
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860	
Title	DIRECTOR	Title	DIRECTOR	
Name	BATES, RICHARD	Name	OWENS, LARRY	
Address	4860 SOUTHWIND DRIVE	Address	4860 SOUTHWIND DRIVE	
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860	
Title	DIRECTOR	Title	DIRECTOR	
Name	BONACUM, TONY	Name	TREMBLEY, DOTTIE	
Address	4860 SOUTHWIND DRIVE	Address	4860 SOUTHWIND DRIVE	

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

City-State-Zip: MULBERRY FL 33860

Address

4860 SOUTHWIND DRIVE

SECRETARY

City-State-Zip: MULBERRY FL 33860

03/30/2019

Electronic Signature of Signing Officer/Director Detail

FILED Mar 30, 2019 Secretary of State 1091352965CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

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

The	DIRECTOR
Name	DURHAM, JEFFREY
Address	4860 SOUTHWIND DRIVE

City-State-Zip: MULBERRY FL 33860