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

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

MARTIN JONES 4868 SOUTHWIND DR. MULBERRY, FL 33860

# **Current Mailing Address:**

DOCUMENT# N05000010457

ELOISE ZELLER 4905 SOUTHWIND DRIVE MULBERRY, FL 33860

# FEI Number: 51-0559398

#### Name and Address of Current Registered Agent:

# Certificate of Status Desired: No

JONES, MARTIN 4868 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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

	Title	PD	Title	V
	Name	SIFFORD, TEE	Name	SKLADANEK, PETER
	Address	4820 SOUTHWIND DR.	Address	4785 SOUTHWIND DR
	City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860
	Title	т	Title	S
	Name	ZELLER, DAVID	Name	ZELLER, ELOISE
	Address	4905 SOUTHWIND DR.	Address	4905 SOUTHWIND DR
	City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860
	Title	D	Title	D
	Name	BATES, RICHARD	Name	OWENS, LARRY
	Address	5050 SOUTHWIND DR.	Address	4948 SOUTHWIND DR
	City-State-Zip:	MULBERRY FL 33860	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

03/20/2013

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 20, 2013 Secretary of State CC9921181582