

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010457

**FILED**  
**Mar 20, 2013**  
**Secretary of State**  
**CC9921181582**

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

**Current Principal Place of Business:**

MARTIN JONES  
4868 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title V  
Name SKLADANEK, PETER  
Address 4785 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**

**03/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date