

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

DOCUMENT# N99000000785

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC3673559636**

**Entity Name:** SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.

**Current Principal Place of Business:**

2525 PARKWAY STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

C/O REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901 US

**FEI Number:** 65-1000603

**Certificate of Status Desired:** No

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

REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901 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           TREASURER  
Name           DUES, TIM  
Address        C/O REALTY SERVICES  
                  2525 PARKWAY STREET  
City-State-Zip: FORT MYERS FL 33901

Title           VP  
Name           YANNATONE, DAVE  
Address        C/O REALTY SERVICES  
                  2525 PARKWAY STREET  
City-State-Zip: FORT MYERS FL 33901

Title           PRESIDENT  
Name           YATES, MARSHA  
Address        C/O REALTY SERVICES  
                  2525 PARKWAY STREET  
City-State-Zip: FORT MYERS FL 33901

Title           DIRECTOR  
Name           KASUSKE, SAM  
Address        C/O REALTY SERVICES  
                  2525 PARKWAY STREET  
City-State-Zip: FORT MYERS FL 33901

Title           SECRETARY  
Name           ISOM, JOAN  
Address        C/O REALTY SERVICES  
                  2525 PARKWAY STREET  
City-State-Zip: FORT MYERS FL 33901

*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: MARSHA YATES**

**PRESIDENT**

**04/10/2013**

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

\_\_\_\_\_  
Date