

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000785

**Entity Name:** SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.**Current Principal Place of Business:**1314 CAPE CORAL PKWY E #205  
CAPE CORAL, FL 33904**Current Mailing Address:**PO BOX 152930  
CAPE CORAL, FL 33915 US**FEI Number:** 65-1000603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL ASSOCIATION SERVICES, LLC  
1314 CAPE CORAL PKWY E #205  
CAPE CORAL, FL 33904 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:** TROY FUTCH

04/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMSON, JEAN  
Address        PO BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title            VP  
Name            EVTUSHEK, PETER  
Address        PO BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title            SECRETARY, TREASURER  
Name            WATSON, MARY  
Address        PO BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title            DIRECTOR  
Name            WAGNER, GEORGE  
Address        PO BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title            DIRECTOR  
Name            BUCHHOLZ, RICK  
Address        PO BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

*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:** JEAN WILLIAMSON

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04/08/2020

Electronic Signature of Signing Officer/Director Detail

Date