# 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 607, Florida Statutes; and that my name appears

above, or on an attachment with all other like empowered.

SIGNATURE: JOAN SULLIVAN

03/06/2014 ACCOUNTS PAYABLE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F14839 Entity Name: SOUTHWIND MANAGEMENT SERVICES, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

1006 GROVE STREET CLEARWATER, FL 33755

#### **Current Mailing Address:**

P. O. BOX 10293 CLEARWATER, FL 33757 US

### FEI Number: 59-2051576

### Name and Address of Current Registered Agent:

BORTON, PAMELA K 499 HARBOR DRIVE BELLEAIR BEACH, FL 33

The above named entity subm

#### SIGNATURE:

Electro

## **Officer/Director Detail :**

Title	PD	Title	TS
Name	BORTON, PAMELA K	Name	BORTON, PAMELA K
Address	499 HARBOR DRIVE	Address	499 HARBOR DRIVE
City-State-Zip:	BELLEAIR BEACH FL 33786	City-State-Zip:	BELLEAIR BEACH FL 33786

33786 US
mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
onic Signature of Registered Agent

FILED Mar 06, 2014 Secretary of State CC7579827849

Date

Certificate of Status Desired: Yes

Date