

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726187

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** SOUTH WINDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9330 WEST FLAGLER STREET  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

9330 WEST FLAGLER STREET  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 59-1506639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABALLERO, JUAN L  
9330 WEST FLAGLER ST.  
MIAMI, FL 33174 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARTAYA, ARMANDO  
Address: 9310 W FLAGLER ST NO 120  
City-St-Zip: MIAMI, FL 33174

Title: VD  
Name: PADILLA, HIGINIO  
Address: 9340 W. FLAGLER #207  
City-St-Zip: MIAMI, FL

Title: AS  
Name: CABALLERO, JUAN L  
Address: 9310 W. FLAGLER ST. NO. 106  
City-St-Zip: MIAMI, FL 33174

Title: SD  
Name: MANDERFIELD, MIREYA  
Address: 9311 SW 4 ST NO 120  
City-St-Zip: MIAMI, FL 33174

Title: TD  
Name: YANES, JOSE  
Address: 9311 SW 4 ST NO 204  
City-St-Zip: MIAMI, FL 33174

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: JUAN CABALLERO

PRES

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date