

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739006

FILED
Apr 07, 2009
Secretary of State

Entity Name: SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

20283 STATE ROAD STE 300
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 59-2349710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 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: T () Delete
Name: RIZZO, VINEZ
Address: 6200 PARK OF COMMERCE
City-St-Zip: BOCA RATON, FL 33487

Title: PD () Delete
Name: MCCOMB, WILLIAM
Address: 19432 DAKOTA CT.
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: PERKINS, MICHAEL
Address: 9759 RICHMOND CR
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: BROWNER, CHARLES
Address: 6300 PARK OF COMMERCE
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: SOLOKAR, MICHAEL
Address: 6300 PARK OF COMMERCE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCCOMB, WILLIAM
Address: 19432 DAKOTA CT.
City-St-Zip: BOCA RATON, FL 33434

Title: P (X) Change () Addition
Name: PERKINS, MICHAEL
Address: 9759 RICHMOND CR
City-St-Zip: BOCA RATON, FL 33434

Title: S (X) Change () Addition
Name: BROWNER, CHARLES
Address: 6300 PARK OF COMMERCE
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: BRUNO, MARY
Address: 6300 PARK OF COMMERCE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM MCCOMB

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date