

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759617

1. Entity Name

SOUTHWIND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10133 SINTON DRIVE
PENSACOLA FL 32507

Mailing Address

10133 SINTON DRIVE
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2144615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOZLEY, JAMES F.
10133 SINTON DRIVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name CIARDELLO ELAINE T

Street Address (P.O. Box Number is Not Acceptable)

10107 SINTON DRIVE

City

PENSACOLA FL

FL

Zip Code

32507

8. 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

Elaine T Ciardello

ELAINE T CIARDELLO

2-20-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TSD
NAME CIARDELLO, ELAINE T
STREET ADDRESS 10107 SINTON DR.
CITY-ST-ZIP PENSACOLA, FL 00000 32507 ☐ Delete

TITLE PD
NAME SILK, BRIAN
STREET ADDRESS 1051 SINTON DR.
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE VPD
NAME HEINOLD, JAMES
STREET ADDRESS 10127 SINTON DR.
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine T Ciardello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE T. CIARDELLO 850-492-0369

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90342 050 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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