

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91763 028 \*\*\*\*61.25

**DOCUMENT # 759617**

1. Entity Name

**SOUTHWIND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10133 SINTON DRIVE  
PENSACOLA FL 32507**

**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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIARDELLO, ELAINE  
10107 SINTON DRIVE  
PENSACOLA FL 32507**

Name **BRIAN A. SILK**

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

**10151 SINTON DR.**

City **PENSACOLA**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**20 MAY 2002**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TSD** ☐ Change ☒ Addition  
NAME **SILK, BRIAN**  
STREET ADDRESS **10151 SINTON DR.**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE **PD** ☐ Change ☒ Addition  
NAME **CIARDELLO, ELAINE T**  
STREET ADDRESS **10107 SINTON DR.**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE **VPD** ☐ Change ☒ Addition  
NAME **VANDEMARK, JIM**  
STREET ADDRESS **10101 SINTON DR.**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 is 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**20 May 2002 850 492-5858**

Date

Daytime Phone #

CR2E037 (9/01)