

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90058 010 \*\*\*\*61.25

**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**

**J4U6J441**



**MOORE CR2E037 (11/03)**

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

**SICK, BRIAN A  
10151 SINTON DR  
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name **ELAINE CIARDELLO**

Street Address (P.O. Box Number is Not Acceptable)  
**10107 SINTON DRIVE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 2, 2004*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **PD** ☐ Delete  
NAME **~~PERDUE~~ PERDUE, PAULA**  
STREET ADDRESS **10113 SINTON DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **VPD** ☐ Delete  
NAME **LEAL, MARILYN**  
STREET ADDRESS **10105 SINTON DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 2, 2004 850-492-8858*