FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760978 (7)

1. Corporation Name
SOUTHWINDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1215 SOUTHAMPTON DRIVE PORT ORANGE FL 32119	1215 SOUTHAMPTON DRIVE PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2722002 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PASSERETTI, DONALD
140 S. BCH. ST.
SUITE 107
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name: Karen Parkes
82 Street Address (P.O. Box Number is Not Acceptable): 3511 S. PENINSULA DRIVE
83
84 City: DAYTONA BEACH FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen D. Parkes — Karen Parkes — 4-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	DAVIS, TERRY	1.2 NAME	DEBBIE POSEY	
STREET ADDRESS	1131 SOUTHHAMPTON DR.	1.3 STREET ADDRESS	1215 SOUTHAMPTON DR	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE	VD	2.1 TITLE	VD	X Change ☐ Addition
NAME	CROFT, DEAN	2.2 NAME	BARBARA CARINI	
STREET ADDRESS	1138 HERMITAGE CT.	2.3 STREET ADDRESS	1215 SOUTHAMPTON DR.	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE	STD	3.1 TITLE	TD	☐ Change X Addition
NAME	LAPIERE, MARJORIE	3.2 NAME	DORIS EARNEST	
STREET ADDRESS	1187 SOUTHFOLK CT.	3.3 STREET ADDRESS	1215 SOUTHAMPTON DR.	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE	TD	4.1 TITLE	D	☐ Change X Addition
NAME	LA PIERRE, CURTIS	4.2 NAME	J. QUALLS	
STREET ADDRESS	1187 SOUTHPARK CT.	4.3 STREET ADDRESS	1215 SOUTHAMPTON DR	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE		5.1 TITLE	D	☐ Change X Addition
NAME		5.2 NAME	LEXIE WILLIAMS	
STREET ADDRESS		5.3 STREET ADDRESS	1215 SOUTHAMPTON DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	
TITLE		6.1 TITLE	D	☐ Change X Addition
NAME		6.2 NAME	LINDA GRAVES	
STREET ADDRESS		6.3 STREET ADDRESS	1215 SOUTHAMPTON DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Debbie Posey 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone # 761-5733

COR 3475