FILE NOW: FILING FEE IS $61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32119-9105

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 03/18/1996

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
C/O NELSON & SELWITZ
1166 PELICAN BAY DRIVE
DAYTONA BCH FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director/Treasurer	☐ Change ☒ Addition
NAME	POSEY, DEBRA		1.2 NAME	Joseph Carini	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		1.3 STREET ADDRESS	1118 Southwinds Drive	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	VD	☐ DELETE	2.1 TITLE	Director/Secretary	☐ Change ☒ Addition
NAME	CARINI, V. B		2.2 NAME	Theresa Bureau	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		2.3 STREET ADDRESS	1215 Southampton Drive	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	DS	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	KING, LEE ANN		3.2 NAME	Terry Davis	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		3.3 STREET ADDRESS	1131 Southampton Drive	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	DT	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	LA PIERRE, CURTIS		4.2 NAME		
STREET ADDRESS	1215 SOUTHAMPTON DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	EARNEST, DORIS		5.2 NAME	Lexie Williams	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		5.3 STREET ADDRESS	1177 Dominion Court	
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	QUALLS, J.		6.2 NAME	Christopher Karnes	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		6.3 STREET ADDRESS	1168 Shallows Court	
CITY-ST-ZIP	PORT ORANGE FL		6.4 CITY-ST-ZIP	Port Orange, FL 32119	

CR2E037 (9/96)

14. I do 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 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: [illegible] President 4-18-97 (904) 756-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0002439