FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90041 043 ****61.25

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DOCUMENT # 760978

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/09/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2722002 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Michele Barkin
82 Street Address (P.O. Box Number is Not Acceptable): c/o Nelson + Selwitz
83: 1166 Pelican Bay Drive
84 City: Daytona Beach FL 85 Zip Code: 32119

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: Michele Barkin — 4/6/99
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	☒ DELETE	1.1 TITLE	Treasurer / Director	☐ Change ☒ Addition
NAME	POSEY, DEBRA		1.2 NAME	Pam Rockett	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		1.3 STREET ADDRESS	1184 Pellicier Court	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Port Orange FL 32119	
TITLE	D	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	HOOD, JEFF		2.2 NAME	John Filipek	
STREET ADDRESS	1215 SOUTHAMPTON DRIVE		2.3 STREET ADDRESS	1148 Ashland Court	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	Port Orange FL 32119	
TITLE	DT	☐ DELETE	3.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	WILLIAMS, LEXIE		3.2 NAME		
STREET ADDRESS	1215 SOUTHAMPTON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	KELSO, DAVID		4.2 NAME	Robin Rentz	
STREET ADDRESS	1215 SOUTHAMPTON DR		4.3 STREET ADDRESS	1192 Pelicier Court	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	Port Orange, FL 32119	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUREAU, THERESA		5.2 NAME		
STREET ADDRESS	1215 SOUTHAMPTON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, TERRY		6.2 NAME		
STREET ADDRESS	1215 SOUTHAMPTON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ V.P. 4-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)