2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90037 004 ****61.25

DOCUMENT # 760978

1. Entity 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

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 59-2722002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARKIN, MICHELE C/O NELSON & SELWITZ 1166 PELICAN BAY DRIVE DAYTONA BCH FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROCKETT, PAM 1184 PELLICIER CT PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Debbie Nelson. 1178 Shallows Ct. Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILIPEK, JOHN 1148 ASHLAND CT PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gary Wright 1151 Ashland Ct. Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUREAU, THERESA 1215 SOUTHAMPTON DR PORT ORANGE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred Christiansen 847 Pineapple Rd. South Daytona, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIS, TERRY 1215 SOUTHAMPTON DR PORT ORANGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Safford 1141 Southwinds Dr. Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ron Renaud 1180 Shallows Ct. Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred Krantz 1185 Southfork Ct. Port Orange, FL 32119	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
BH760978
A0052047

Block 11 - cont'd.

D
Tom Raulerson
1176 Shallows Ct.
Port Orange, FL 32119

D
Tim Burhans
1170 Shallows Ct.
Port Orange, FL 32119