2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90031 020 ****70.00

DOCUMENT # 760978

1. Entity Name

SOUTHWINDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1215 SOUTHAMPTON DRIVE PORT ORANGE FL 32119	2335-A S. RIDGEWOOD AVE S DAYTONA FL 32119

1st MOORE CR2E037 (10/04)

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

CLIFTON, RONALD
2335-A S. RIDGEWOOD AVE
S DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name Clifton, Ronald D., Jr

Street Address (P.O. Box Number is Not Acceptable)

1326 S. Ridgewood Ave. #14

City Daytona Beach FL Zip Code 32114

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, 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
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IGLAY, DENNIS 1117 SOUTHWINDS DRIVE #2 PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Barry Jamison 1118 Southwinds DR port orange, Fl 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUNDALL, JEFF 1102 SOUTHLAND CT PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Raymond Richards 1132 southwinds dr port orange, Fl 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, JOHN 1169 SOUTHWINDS DR PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Filipek 1148 Ashland Court port orange, Fl 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARING, BRUCE 1105-4 SOUTHHAMPTON DR PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Ronald D. Clifton JR. 1326 S. Ridgewood Ave Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEAL, JEFF 1106-1 MONTICELLO PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATACALE, GERRY 1156 SOUTHWINDS DRIVE PORT ORANGE FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ronald D. Clifton 3/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #