


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90003 010 ****61.25

DOCUMENT # 760978 1. Entity Name SOUTHWINDS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1215 SOUTHAMPTON DRIVE PORT ORANGE, FL 32119			Mailing Address 2335-A S. RIDGEWOOD AVE S DAYTONA, FL 32119		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 290413 Suite, Apt. #, etc.			
City & State City & State		PORT ORANGE FL		4. FEI Number 59-2722002	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLIFTON JR, RONALD D 1826 S RIDGEWOOD AVE #14 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name DENNIS IGLAY Street Address (P.O. Box Number is Not Acceptable) 1117 SOUTHWINDS DR #2 PORT ORANGE FL Zip Code 32129			
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 <u>Dennis Iglay</u> DENNIS IGLAY 5/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IGLAY, DENNIS 1117 SOUTHWINDS DRIVE #2 PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARRY JAMISON 1118 SOUTHWINDS DR PORT ORANGE FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUNDALL, JEFF 1102 SOUTHLAND CT PORT ORANGE, FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN FISCHER 1730 CREEKWATER BLVD PORT ORANGE FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPEK, JOHN 1148 ASHLAND CT PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BRUCE MARING 1104-A-SOUTHAMPTON DR PORT ORANGE FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, RAYMOND 1132 SOUTHWINDS DR PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CLIFTON JR, RONALD D 1326 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-3-06 <small>Date Daytime Phone #</small>		

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