


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90023 025 ****61.25

DOCUMENT # 760978	
1. Entity Name SOUTHWINDS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1215 SOUTHAMPTON DRIVE PORT ORANGE, FL 32119	Mailing Address P.O. BOX 290413 S DAYTONA, FL 32119
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072008 Chg-NP CR2E037 (12/06)

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 BECKER, LYNN C 3511 S. PENINSULA DR PORT ORANGE, FL 32127
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7. Name and Address of New Registered Agent Name <u>BECKER, LYNN C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>SOUTHEAST MANAGEMENT SERVICES</u> <u>3511 S. PENINSULA DR.</u> City <u>PORT ORANGE</u> FL Zip Code <u>32127</u>

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 Lynn C. Becker / Agent LYNN C. BECKER / AGENT DATE 1/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMISON, BARRY 1118 SOUTHWINDS DR PORT ORANGE, FL 32129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, STEVEN 1730 CREEKWATER BLVD PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARINE, BRUCE 1104 A SOUTH MEADOW DR PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUNDALL, JEFF 1102 SOUTHLAND COURT PORT ORANGE, FL 32129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>INGRAY, DENNIS R.</u> <u>1117-2 SOUTHWINDS DR.</u> <u>PORT ORANGE, FL 32129</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S</u> <u>MARING, BRUCE</u> <u>1104 A SOUTH MEADOW DR.</u> <u>PORT ORANGE, FL 32129</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Lynn C. Becker / Agent DATE 1/18/08 386-761-5733 ext 22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR