

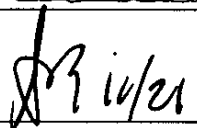


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H61912 1. Entity Name SOUTHWIND MOBILE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.						FILED 05 NOV 18 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O ALLAN SEAMAN 795 COUNTY RD. 1 #214 PALM HARBOR, FL 34683				Mailing Address C/O ALLAN SEAMAN 795 COUNTY RD. 1 #214 PALM HARBOR, FL 34683			
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 59-2620439				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEAMAN, ALLAN 795 COUNTY RD. 1 #100 PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name MORRISON, RALPH Street Address (P.O. Box Number is Not Acceptable) 795 COUNTY RD 1, #212 City PALM HARBOR FL Zip Code 34683			
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><i>Ralph Morrison</i></u> PRESIDENT RALPH MORRISON 11/13/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEAMAN, ALLAN <input checked="" type="checkbox"/> Delete 795 COUNTY RD 1, # 100 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORRISON, RALPH 795 COUNTY RD 1, #212 PALM HARBOR, FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete MORRISON, RALPH 795 COUNTY RD. 1 #212 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KITTLE, CHERYL 795 COUNTY RD 1, # 57 PALM HARBOR, FL 34683		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete WADE, INGA 495 COUNTY RD 1 #65 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061552255 11/18/05--01053--007 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete KLINGER, NADINE 795 COUNTY RD 1, # 2 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, GENE 795 COUNTY RD. 1 #166 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PODARO, MARIE 795 COUNTY RD 1, # 2 PALM HARBOR, FL 34683			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D PODARO, MARIE 795 COUNTY RD 1, # 74 PALM HARBOR, FL 34683		
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 607, 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><i>Ralph Morrison</i></u> RALPH MORRISON 11/13/2005 (727) 785-3444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							