

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 030 \*\*\*158.75

**DOCUMENT # H61912**

1. Entity Name  
**SOUTHWIND MOBILE HOMEOWNERS ASSOCIATION OF  
PINELLAS COUNTY, INC.**



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**

**50010595**



01242006 Chg-P CR2E034 (11/05)

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|--|--|---|--|
| 2. Principal Place of Business<br><b>C/O PAUL CORBIN</b><br>Suite, Apt. #, etc.<br><b>795 COUNTY RD 1, #214</b><br>City & State<br><b>PALM HARBOR FL.</b><br>Zip<br><b>34683</b> |  | 3. Mailing Address<br><b>C/O PAUL CORBIN</b><br>Suite, Apt. #, etc.<br><b>795 COUNTY RD 1 #214</b><br>City & State<br><b>PALM HARBOR FL.</b><br>Zip<br><b>34683</b> |  |
|--|--|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>59-2620439</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**MORRISON, RALPH  
795 COUNTY RD. 1  
#212  
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent  
Name **CORBIN, PAUL E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**795 COUNTY RD 1  
#105**  
City **PALM HARBOR FL 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 **PRESIDENT PAUL E. CORBIN** 04/05/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MORRISON, RALPH<br/>795 COUNTRY RD 1, #212<br/>PALM HARBOR, FL 34683</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>PAUL E. CORBIN<br/>795 COUNTY RD 1 #105<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>KITTLE, CHERYL<br/>795 COUNTY RD. 1 #57<br/>PALM HARBOR, FL 34683</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V<br/>RICHARD KEARNS<br/>795 COUNTY RD 1 #14<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WADE, INGA<br/>495 COUNTY RD 1 #65<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>KLINGER, NADINE<br/>795 COUNTRY RD 1, #2<br/>PALM HARBOR, FL 34683</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>JOANNE BARTHOLOMEW<br/>795 COUNTY RD 1 #211<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BROWN, GENE<br/>795 COUNTY RD. 1 #166<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DODARO, MARIE<br/>795 COUNTRY RD 1, #74<br/>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: **PAUL E. CORBIN, PRESIDENT** 04/5/06 727-789-6865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
500/0595  
#H61912

SOUTHWIND MOBILE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY INC.

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Additions and changes to Officers and Directors Items 10 and 11 on Document # H61912

D Don Hames  
795 County Rd. 1, #177  
Palm Harbor, FL. 34683

D Art Temple  
795 County Rd. 1, #111  
Palm Harbor, FL. 34683

D Judy Rappold  
795 County Rd. 1 #172  
Palm Harbor, FL. 34683