



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90016 015 \*\*\*150.00

<b>DOCUMENT # H61912</b> 1. Entity Name <b>SOUTHWIND MOBILE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.</b>					
Principal Place of Business <b>C/O PAUL CORBIN 795 COUNTY RD. 1 #214 PALM HARBOR, FL 34683</b>			Mailing Address <b>C/O PAUL CORBIN 795 COUNTY RD. 1 #214 PALM HARBOR, FL 34683</b>		
2. Principal Place of Business - No P.O. Box # <b>% William D Adams</b> Suite, Apt. #, etc. <b>795 County Rd 1 #214</b> City & State <b>Palm Harbor, Fla</b> Zip <b>34683</b>		3. Mailing Address <b>% William D Adams</b> Suite, Apt. #, etc. <b>795 County Rd 1 #214</b> City & State <b>Palm Harbor, Fla</b> Zip <b>34683</b>		 01272008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>59-2620439</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CORBIN, PAUL E 795 COUNTY RD. 1 #105 PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent Name <b>William D. Adams</b> Street Address (P.O. Box Number is Not Acceptable) <b>795 County Rd 1 Lot #173</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>		
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>William D Adams</i></u> President    1-27-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	P CORBIN, PAUL E 795 COUNTY RD 1, #105 PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William D. Adams 795 County Rd 1 Lot 173 Palm Harbor Fla 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, STEVE 795 COUNTY RD 1, #169 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Art Temple 795 County Rd 1 Lot 111 Palm Harbor Fla 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WADE, INGA 495 COUNTY RD 1 #65 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joanne Bartholomew 795 County Rd 1 Lot 211 Palm Harbor Fla 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTHOLOMEW, JOANNE 795 COUNTY RD 1, #211 PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARIE Dodaro 795 County Rd 1 Lot 73 Palm Harbor Fla 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, WILLIAM 795 COUNTY RD. 1 #173 PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don Hanes 795 County Rd 1 Lot 173 Palm Harbor Fla 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, DEAN 795 COUNTY RD 1, #60 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judy Rappold 795 County Rd 1 Lot 172 Palm Harbor Fla 34683	<input type="checkbox"/> Change <input checked="" 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: <u><i>William D Adams</i></u> 1-27-08    727-787-1255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					