2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# H61912

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

Current Principal Place of Business:

C/O WILLIAM D ADAMS
795 COUNTY RD. 1 #214
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM D ADAMS
795 COUNTY RD. 1 #214
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-2620439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, WILLIAM D
795 COUNTY RD. 1
STE 173
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

ADAMS, WILLIAM D
795 COUNTY RD. 1
LOT 173
PALM HARBOR, FL 34683 US

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.

SIGNATURE: _____ 01/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, WILLIAM D
Address: 795 C.R. 1 LOT 173
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Delete
Name: ADAMS, STEVE
Address: 795 COUNTY RD 1, #169
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: BARTHOLOMEW, JOEANNE
Address: 795 C.R. 1 LOT 211
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: DADARO, MARIE
Address: 795 C.R. 1 LOT 73
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: HAMES, DON
Address: 795 COUNTY RD. 1 #173
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: DUDLEY, DEAN
Address: 795 COUNTRY RD 1, #60
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARTHOLOMEW, JOANNE
Address: 795 C.R. 1 LOT 211
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAPES, GAIL
Address: 795 COUNTY RD. 1 LOT 189
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D ADAMS PRES 01/21/2009
Electronic Signature of Signing Officer or Director — Date