
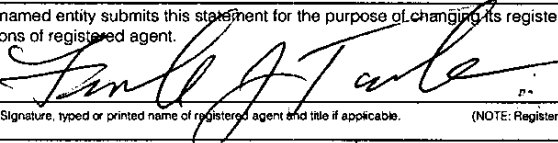



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 016 ****61.25

DOCUMENT # N00000004489 1. Entity Name SOUTHWIND COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323			Mailing Address 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323				Name PHOENIX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 4780 N. STATE ROAD 7 City LAUDERDALE LAKES FL Zip Code 33315	
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  FRANK J. TACHE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUONOMO, CHRIS 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP APPLE, BRIAN 3846 NW 90 WAY SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMPEMA, DIRK VAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAN KEMPEMA, DIRK 9143 NW 40 PLACE SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AVALLONE, SILVIA D 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RANDALL, TONY 3951 NW 90 WAY SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BENNION, MONICA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMPEMA, DIRK VAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALAMO, ANGEL M 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAROLINA DESOUZA 4027 NW 92 AVE SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DIRK VAN KEMPEMA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					