2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90557 048 ****61.25

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1. Entity Name
SOUTHWIND ESTATES PHASE TWO PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16264 122 DR N JUPITER, FL 33478	16264 122 DR N JUPITER, FL 33478

04262005 Chg-NP CR2E037 (10/03)

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, JOHN H II 16264 122 DR N JUPITER, FL 33478	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	T BAKER, JOHN H.E. II 16264 122 DR N JUPITER, FL 33478	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOMERS JAMES L 431 CATFISH CREEK RD LAKE PLACID FL 33852	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEYMOUR, MARY K 4 LAWRENCE AVE MALONE, NY 12953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KIRKHAM JAMES E + JEANNE D 435 CATFISH CREEK RD LAKE PLACID FL 33852	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, TIMOTHY C 108 CAROLINE ST OGDENSBURG, NY 13669	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWLEY RICHARD S + MURIEL P 216 REVSON AV SEBRING FL 33876	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBBINS HAROLD T II 1600 W MARION AV APT 234 PUNTA GORDA FL 33950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONATE DOUGLAS J + SHELLEY H 13736 SW 40 ST DAVIE FL 33330-5710	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PESTER KIMBERLY P 7889 NW 17 PL PEMBROKE PINES FL 33024	☐ Change ☑ Addition

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 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: _____ 4/10/05 561-784-6108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #