

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03-27-2006 90241 043 ****70.00

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1. Entity Name
**SOUTHWIND VILLAS RESIDENT MANAGEMENT
CORPORATION**



Principal Place of Business

**8711 NEWTON ROAD
SUITE 72
JACKSONVILLE, FL 32216**

Mailing Address

**8711 NEWTON ROAD
SUITE 72
JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

81-0565745

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, DRUCILLA
8711 NEWTON ROAD
SUITE 72
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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

Drucilla Smith
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

3-22-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, DRUCILLA
STREET ADDRESS	8711 NEWTON ROAD, STE. 30
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	KOHN, SHIRLEY
STREET ADDRESS	8711 NEWTON ROAD, SUITE 243
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	T
NAME	GREENAWAY, YVONNE
STREET ADDRESS	8711 NEWTON ROAD, SUITE 47
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

[Signature] **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/06

904 905 5389