

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02579

FILED
Mar 26, 2006
Secretary of State

Entity Name: SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

327 SOUTHWIND DR.
NORTH PALM BCH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

327 SOUTHWIND DR.
NORTH PALM BCH, FL 33408 US

New Mailing Address:

FEI Number: 59-2799666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERDUN, NORMAN D
327 SOUTHWIND DR. #101
N PALM BCH, FL 33408 US

Name and Address of New Registered Agent:

FREARSON, ANN
327 SOUTHWIND DR. #304
N PALM BCH, FL 33408 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: ANN FREARSON

03/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KANE, JOSEPH
Address: 327 SOUTHWIND DRIVE UNIT 202
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V/D () Delete
Name: WARD, JANE
Address: 327 SOUTHWIND DRIVE UNIT 208
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD () Delete
Name: VERDUN, NORMAN D
Address: 327 SOUTHWIND DR #101
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SD () Delete
Name: CARVER, JAMES
Address: 327 SOUTHWIND DR UNIT 302
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: FREARSON, ANN
Address: 327 SOUTHWIND DR #304
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SD (X) Change () Addition
Name: COLONESSE, CYNTHIA
Address: 327 SOUTHWIND DR UNIT 303
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V/D () Change (X) Addition
Name: PHOTENAS, LUCAS
Address: 327 SOUTHWIND DRIVE #106
City-St-Zip: NORTH PALM BEACH, FL 33408 FL

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN FREARSON

TD

03/26/2006

Electronic Signature of Signing Officer or Director

Date