

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02579

FILED  
Jan 18, 2009  
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:**

327 SOUTHWIND DR.  
#304  
NORTH PALM BCH, FL 33408 US

**Current Mailing Address:**

327 SOUTHWIND DR.  
NORTH PALM BCH, FL 33408 US

**New Mailing Address:**

327 SOUTHWIND DR.  
#304  
NORTH PALM BCH, FL 33408 US

**FEI Number:** 59-2799666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZANELLI, MICHAEL  
Address: 327 SOUTHWIND DRIVE UNIT 303  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V/D ( ) Delete  
Name: CURRY, DEBRA  
Address: 327 SOUTHWIND DRIVE UNIT 306  
City-St-Zip: NORTH PALM BEACH, FL 33408

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

Title: SD ( ) Delete  
Name: WARD, JANE  
Address: 327 SOUTHWIND DR UNIT 208  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date