

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04794**

1. Entity Name  
**SOUTHWIND OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**17670 FRONT BEACH RD  
PANAMA CITY BCH, FL 32413 US**

Mailing Address  
**17670 FRONT BEACH RD  
PANAMA CITY BCH, FL 32413 US**



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2436100**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STEPHENS & ASSOCIATES OF P.C. INC.  
17644 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32413**

**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

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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONIFAY, JOAN M 111 BONAIRE DRIVE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, RONALD 159 OAKD AVE HILLSIDE, IL 60162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, PETER 1543 NIAGARA PARKWAY FORT ERIE, ONTARIO L2A 5M4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINK, BRUCE 230 CONGRESS PARKWAY LAWRENCEVILLE, GA 30244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENS, TERESA A 17644 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000440494  
04/12/06-80001-003 61.25

**DO NOT WRITE  
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:**

*Teresa A. Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**850-234-7772**  
Daytime Phone #