

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 049 ****61.25

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
**PO BOX 20293
PANAMA CITY BCH, FL 32417 US**



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2436100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENS & ASSOCIATES OF P.C. INC.
315 N HIGHWAY 79
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, 2008**

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
315 N HIGHWAY 79
PANAMA CITY BEACH, FL 32413**

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.

TERESA STEPHENS

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

4-10-08 850-234-7772
Date Daytime Phone #