

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010457

FILED
Apr 28, 2009
Secretary of State

Entity Name: SOUTHWIND HOME OWNERS ASSOCIATION OF SOUTH LAKE LAND INC.

Current Principal Place of Business:

MARTIN JONES
4868 SOUTHWIND DR.
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

MARTIN JONES
4868 SOUTHWIND DR.
MULBERRY, FL 33860

New Mailing Address:

ELOISE ZELLER
4905 SOUTHWIND DRIVE
MULBERRY, FL 33860

FEI Number: 51-0559398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MARTIN
4868 SOUTHWIND DR.
MULBERRY, FL 33860 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: SIFFORD, TEE
Address: 4820 SOUTHWIND DR.
City-St-Zip: MULBERRY, FL 33860 US

Title: V () Delete
Name: SKLADANEK, PETER
Address: 4785 SOUTHWIND DR
City-St-Zip: MULBERRY, FL 33860 US

Title: T () Delete
Name: ZELLER, DAVID
Address: 4905 SOUTHWIND DR.
City-St-Zip: MULBERRY, FL 33860 US

Title: S () Delete
Name: ZELLER, ELOISE
Address: 4905 SOUTHWIND DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: PROPER, JAN
Address: 4850 SOUTHWIND DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: CARTER, CALVIN
Address: 4943 SOUTH LAKE DR
City-St-Zip: MULBERRY, FL 33860

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:

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

Title: D (X) Change () Addition
Name: ARTER, CALVIN
Address: 4943 SOUTH LAKE DR
City-St-Zip: MULBERRY, FL 33860

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: ELOISE ZELLER

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04/28/2009

Electronic Signature of Signing Officer or Director

Date