2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # N19233** 05-02-2005 90394 034 ****61.25 1. Entity Name SOUTHWIND PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 14070. 4502 HWY 20 E. S P.O. BOX 5185 NICEVILLE, FL 32578 STE B NICEVILLE, FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2764571 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bill McBroom WARVARI, HAROLD Street Address (P.O. Box Number is Not Acceptable) 4502 Hwy. 20 E., Ste B 4502 HWY 20 E. STE B NICEVILLE, FL 32578 Zip Code City <u>Niceville</u> **72578** 8. The above named entry submits his 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PDBill McBroom PD TITLE Delete TITLE Change ☐ Addition WARVARI, HAROLD NAME NAME 4502 Hwy 20 E., Ste B 4502 HWY 20 E. STE B STREET ADDRESS STREET ADDRESS Niceville, FL 32578 CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP VPD VPD TITLE ☐ Change Addition TITLE Delete SHERRELL, WILSON NAME NAME James Jernigan 4502 HWY 20 E. STE B STREET ADDRESS STREET ADDRESS 4502 Hwy 20 E. Ste. B Niceville, FL 32578 CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP STD TITLE ☐ Change Addition TITLE Delete NAME MCBROOM, BILL NAME Patricia Willoz STREET ADDRESS STREET ADDRESS 4502 HWY 20 STE B 4502 Hwy 20 E. Ste. B NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 altother like empowered.

Bill McBroom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED