

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19233

FILED
Feb 24, 2009
Secretary of State

Entity Name: SOUTHWIND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4502 HWY 20 E. S
STE B
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5185
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2764571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEUKENKAMP, FELIX
4502 HWY 20 EAST
SUITE B
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

JERNIGAN, JAMES A
4502 HWY 20 EAST
SUITE B
NICEVILLE, FL 32578 US

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: JAMES A JERNIGAN

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: BEUKENKAMP, FELIX
Address: 4502 HWY 20 E. STE B
City-St-Zip: NICEVILLE, FL 32578

Title: VPD () Delete
Name: THOMAS, RUTH ANN
Address: 4502 HWY 20 SUITE B
City-St-Zip: NICEVILLE, FL 32578

Title: STD () Delete
Name: WILLOZ, PATRICIA
Address: 4502 HWY 20 STE B
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: THOMAS, RUTH ANN
Address: 4502 HWY 20 SUITE B
City-St-Zip: NICEVILLE, FL 32578

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

Title: VPD () Change (X) Addition
Name: STRUNK, DAVID
Address: 4502 HWY 20 STE B
City-St-Zip: NICEVILLE, FL 32578

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: PATRICIA WILLOZ

STD

02/24/2009

Electronic Signature of Signing Officer or Director

Date