

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19233

**FILED**  
**Feb 16, 2010**  
**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:**

JERNIGAN, JAMES A  
4502 HWY 20 EAST  
SUITE B  
NICEVILLE, FL 32578 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  
Name: THOMAS, RUTH ANN  
Address: 4502 HWY 20 SUITE B  
City-St-Zip: NICEVILLE, FL 32578

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH ANN THOMAS

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date