

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90215 042 ****61.25

DOCUMENT # N20254 1. Entity Name SOUTH WINDS MOBILE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % SOUTHWINDS M.H.A. 6103 S TAMiami TRAIL SARASOTA FL 34231-4062 US			Mailing Address % SOUTHWINDS M.H.A. 6103 S TAMiami TRAIL SARASOTA FL 34231-4030 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number NO-T APPLICABLE	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAROLD DAVIES <i>DAVID Friedlein</i> % SOUTH WINDS MHA 6103 S TAMiami TRAIL SARASOTA FL 34231-4062				7. Name and Address of New Registered Agent Name <i>DAVID Friedlein</i> Street Address (P.O. Box Number is Not Acceptable) <i>6103 South TAMiami TRAIL</i> City <i>SARASOTA</i> FL Zip Code <i>34231</i>	
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 <i>David Friedlein</i> <i>DAVID Friedlein, Treasurer</i> <i>04/04/07</i> Signature, typed or printed name of registered agent and block is acceptable. (NOTE: Registered Agent signature required when re-stating.) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MILLER, GERRY 106 SOUTHWINDS DRIVE SARASOTA FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD DAVIES, HAROLD 74 SOUTH WINDS DRIVE SARASOTA FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD ELEANOR, EICHLER G 150 SOUTHWINDS DRIVE SARASOTA FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FRIEDLEIN, DAVID 226 SOUTHWINDS DR SARASOTA FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, BUELL 181 SOUTHWINDS DR SARASOTA FL 34231	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <i>David Friedlein</i> <i>DAVID Friedlein</i> <i>04/04/07</i> <i>941-921-1314</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					