

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20254

FILED
Apr 29, 2008
Secretary of State

Entity Name: SOUTH WINDS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% SOUTHWINDS M.H.A.
6103 S TAMIAMI TRAIL
SARASOTA, FL 342314062 US

New Principal Place of Business:

Current Mailing Address:

% SOUTHWINDS M.H.A.
6103 S TAMIAMI TRAIL
SARASOTA, FL 342314030 US

New Mailing Address:

% SOUTHWINDS M.H.A.
6103 S TAMIAMI TRAIL
SARASOTA, FL 342314062 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIEDLEIN, DAVID
6103 S TAMIAMI TRAIL
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

SMITH, BARBARA
6103 S TAMIAMI TRAIL
SARASOTA, FL 34231 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: BARBARA SMITH

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MILLER, GERRY
Address: 106 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: T () Delete
Name: FRIEDLEIN, DAVID
Address: 226 SOUTH WINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: ELEANOR, EICHLER G
Address: 150 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: SMITH, BARBARA
Address: 244 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MOSHER, RICHARD
Address: 267 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: T (X) Change () Addition
Name: MILLER, JEROME
Address: 149 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: S (X) Change () Addition
Name: ELEANOR, EICHLER G
Address: 150 SOUTHWINDS DRIVE
City-St-Zip: SARASOTA, FL 34231

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

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: BARBARA SMITH

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date