


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90149 038 ****61.25

DOCUMENT # N96000003421					
1. Entity Name SOUTHWIND VILLAGE AT THE VINES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PEGASUS 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US			Mailing Address C/O PEGASUS 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0609661	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSDEN, GARY C/O PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-ST-ZIP	VPD COX, BILL 8420 SOUTH BRIDGE DR #2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIRSA, TONY 8421-1 SOUTHBRIDGE DR FORT MYERS, FL 33912	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REIS, AMERICO 8471 SOUTHBRIDGE DRIVE #1 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROST, JACK 8484-2 SOUTHBRIDGE DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLISEY, BILL 8410 S BRIDGE DR 2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. ORIE ALESSIO 8421-2 SOUTHBRIDGE DRIVE FORT MYERS FL 33967	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-21-08 239-590-0156 <small>Date Daytime Phone #</small>		