

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003421

**FILED**  
**Feb 07, 2009**  
**Secretary of State**

**Entity Name:** SOUTHWIND VILLAGE AT THE VINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PEGASUS  
17595 S TAMIAMI TRAIL #100  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

C/O PEGASUS  
17595 S TAMIAMI TRAIL #100  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

PEGASUS PROPERTY MANAGEMENT  
17595 S TAMIAMI TRAIL #100  
FORT MYERS, FL 33908 US

**New Mailing Address:**

PEGASUS PROPERTY MANAGEMENT  
17595 S TAMIAMI TRAIL #100  
FORT MYERS, FL 33908 US

**FEI Number:** 65-0609661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSDEN, GARY  
C/O PEGASUS PROPERTY MGMT  
17595 S TAMIAMI TRAIL  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

ALLEN, STEVEN  
C/O PEGASUS PROPERTY MGMT  
17595 S TAMIAMI TRAIL  
FORT MYERS, FL 33908 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: STEVEN ALLEN

02/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: COX, BILL  
Address: 8420 SOUTH BRIDGE DR #2  
City-St-Zip: FORT MYERS, FL 33912

Title: PD ( ) Delete  
Name: JIRSA, TONY  
Address: 8421-1 SOUTHBRIDGE DR  
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete  
Name: ALESSIO, ORIE  
Address: 8421 - 2 SOUTHBRIDGE DRIVE  
City-St-Zip: FORT MYERS, FL 33967

Title: SD ( ) Delete  
Name: FROST, JACK  
Address: 8484-2 SOUTHBRIDGE DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: HALLISEY, BILL  
Address: 8410 S BRIDGE DR 2  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: STEVEN ALLEN

AGEN

02/07/2009

Electronic Signature of Signing Officer or Director

Date