

FILE NOW: FILING FEE IS \$61.25

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N97000002591

1. Corporation Name

SOUTHWINDS MOBILE HOMEOWNERS' ASSOCIATION, INC.,
OF LAKE LAND

Principal Place of Business

1425 RITTER ROAD LOT #23
LOT 12
LAKE LAND FL 33810
US

Mailing Address

1425 RITTER ROAD LOT #23
LOT 12
LAKE LAND FL 33810
US

99 JUN -7 AM 9:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



| | | |
|----------------------------------|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 05/07/1997 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0775353 |
| 24 Country | 29 Country | Applied For |
| | 30 | Not Applicable |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

RESNICK, MICHAEL L
1342 E VINE STREET
SUITE 236
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEEVES, BILL | 1.2 NAME | |
| STREET ADDRESS | 1425 RITTER RD 12 | 1.3 STREET ADDRESS | 500002907405--6 |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 1.4 CITY-ST-ZIP | -06/17/99--01045--001 |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEEVES, MURDNA | 2.2 NAME | *****81.25 *****61.25 |
| STREET ADDRESS | 1425 RITTER RD 12 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 2.4 CITY-ST-ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWSOME SANDRA | 3.2 NAME | |
| STREET ADDRESS | 1425 RITTER RD 12 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWSOME, SANDRA | 4.2 NAME | |
| STREET ADDRESS | 1425 RITTER RD 12 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, HARRY | 5.2 NAME | Deceased |
| STREET ADDRESS | 1425 RITTER RD LOT 12 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENTLEY, VID | 6.2 NAME | Bentley, Vic |
| STREET ADDRESS | 1425 RITTER RD LOT 12 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33810 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)