

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002591

1. Entity Name

SOUTHWINDS MOBILE HOMEOWNERS' ASSOCIATION, INC.,

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90095 045 ****61.25

Principal Place of Business 1425 RITTER ROAD LOT #23 LOT 12 LAKELAND FL 33810 US	Mailing Address 1425 RITTER ROAD LOT #23 LOT 12 LAKELAND FL 33810-2129 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775353	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RESNICK, MICHAEL L 1342 E VINE STREET SUITE 236 KISSIMMEE FL 34744	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEEVES, BILL 1425 RITTER RD 12 LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEVES, MURDNA 1425 RITTER RD 12 LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWSOME SANDRA 1425 RITTER RD 12 LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWSOME, SANDRA 1425 RITTER RD 12 LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bentley, Lucy <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1425 Ritter Rd Lot 12 Lakeland, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, VIC 1425 RITTER RD LOT 12 LAKELAND FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Neva Cox <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1425 Ritter Rd Lot 12 Lakeland, FL 33810

12. 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 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: Sandra Newsome 5/11/00 1863-858-880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2E037 (9/99)