

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002591

1. Entity Name

**SOUTHWINDS MOBILE HOMEOWNERS' ASSOCIATION, INC.,  
OF LAKELAND**

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  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0775353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COX, NEVA</b> <b>1425 RITTER RD 12</b> <b>LAKELAND FL 33810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GREBBLE, ANNA</b> <b>1425 RITTER RD 12</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NEWSOME, SANDRA</b> <b>1425 RITTER RD 12</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENTLEY, LUCY</b> <b>1425 RITTER RD LOT 12</b> <b>LAKELAND FL 33810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENTLEY, VIC</b> <b>1425 RITTER RD LOT 12</b> <b>LAKELAND FL 33810</b>	<input checked="" type="checkbox"/> Delete <b>Deceased</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHO, RUTH</b> <b>1425 RITTER RD LOT 12</b> <b>LAKELAND FL 33810</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Howard Swiger</b> <b>1425 Ritter Rd Lot 35</b> <b>LKld, FL. 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Virginia Swiger</b> <b>1425 Ritter Rd Lot 35</b> <b>LKld, FL. 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Neva Cox</b> <b>1425 Ritter Rd Lot 22</b> <b>LKld, FL. 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Lucy Bentley</b> <b>1425 Ritter Rd Lot 14</b> <b>LKld, FL. 33810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/02** **863**  
**858-8690**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90166 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE