

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 050 ****61.25

DOCUMENT # N97000004507

1. Entity Name
SOUTHWIND II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414**

Mailing Address
**% WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414**

40029020



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

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0816928

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ST JOHN, CORE, FIORE & LEMME, PA
1601 FORUM PLACE
SUITE 1110
WEST PALM BEACH, FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SMITH, TASHA
STREET ADDRESS 145 BALDWIN BLVD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE 1VPD ☒ Delete
NAME SANTIAGO, LAURE
STREET ADDRESS 150 BALDWIN BLVD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☐ Delete
NAME MACHIELA, BRIAN
STREET ADDRESS 120 BALDWIN BLVD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☐ Delete
NAME HOSS, DENISE
STREET ADDRESS 234 LELAND LN NORTH
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☒ Delete
NAME SCOTT, ANTHONY
STREET ADDRESS 110 BALDWIN BLVD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE D ☐ Delete
NAME PRICE, JANICE
STREET ADDRESS 228 LELAND LN N
CITY-ST-ZIP GREENACRES, FL 33463

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Carson, Keith
STREET ADDRESS 160 Baldwin Blvd.
CITY-ST-ZIP Lake Worth, FL 33463

TITLE V ☐ Change ☒ Addition
NAME Markis, Gary
STREET ADDRESS 239 Leland Lane
CITY-ST-ZIP Lake Worth, FL 33463

TITLE T ☒ Change ☐ Addition
NAME Machiela, Brian
STREET ADDRESS 120 Baldwin Blvd.
CITY-ST-ZIP Lake Worth, FL 33463

TITLE P ☒ Change ☐ Addition
NAME Hoss, Denise
STREET ADDRESS 234 Leland Lane
CITY-ST-ZIP Lake Worth, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Price, Janis
STREET ADDRESS 228 Leland Lane
CITY-ST-ZIP Lake Worth, FL 33463

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/07 561 324 5863