

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004507

FILED
Feb 12, 2009
Secretary of State

Entity Name: SOUTHWIND II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

Current Mailing Address:

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

New Mailing Address:

C/O WELLINGTON MANAGEMENT, INC.
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

FEI Number: 65-0816928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461 B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: CARSON, KEITH
Address: PO BOX 5686
City-St-Zip: LAKE WORTH, FL 33466

Title: V () Delete
Name: MARKIS, GARY
Address: 239 LELAND LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: MACHIELA, BRIAN
Address: 120 BALDWIN BLVD
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: HOSS, DENISE
Address: 234 LELAND LN NORTH
City-St-Zip: LAKE WORTH, FL 33463

Title: S (X) Delete
Name: PRICE, JANIS
Address: 228 LELAND LN N
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARKIS, GARY
Address: 239 LELAND LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD (X) Change () Addition
Name: MACHIELA, BRIAN
Address: 120 BALDWIN BLVD
City-St-Zip: LAKE WORTH, FL 33463

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: GARY MARKIS

VP

02/12/2009

Electronic Signature of Signing Officer or Director

Date