


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000001494
 1. Entity Name
CONDOMINIUM ASSOCIATION OF SOUTHWIND, INC.



Principal Place of Business 1650 WEST MARION AVENUE PUNTA GORDA, FL 33950	Mailing Address 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950
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03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0824727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DOROTHY M
 2421 SHREVE STREET
 115
 PUNTA GORDA, FL 33950

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, NANCY 1650 W MARION AVE # 132 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARY, MIKE 1811 WOOD VALLEY DR CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, JIM 1650 WEST MARON SUITE 134 PUNTA GORDA, FL 33950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/18/08-80017-011 61.25

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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: *Nancy Perkins* **4/17/08** 94-639-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #