2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91379 036 ****61.25

DOCUMENT # N99000000785

1. Entity Name
SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.

Principal Place of Business	Mailing Address
HENKE PROPERTY MGMT 6213 N. PRESIDENTIAL CT. FORT MYERS FL 33919	HENKE PROPERTY MGMT 6213 N. PRESIDENTIAL CT. FORT MYERS FL 33919

2. Principal Place of Business	3. Mailing Address
c/o PEGASUS PROPERTY MGMT	c/o PEGASUS
Suite, Apt. #, etc.: 17595 S. TAMIAMI TRAIL #100	Suite, Apt. #, etc.: 17595 S. TAMIAMI TRAIL #100
City & State: FT. MYERS FL	City & State: FT. MYERS, FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1000603 ☐ 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
HENKE, CAROL J HENKE PROPERTY MANAGEMENT INC. 6213-A PRESIDENTIAL CT. FORT MYERS FL 33919	Name: THOMAS E EATON Street Address (P.O. Box Number is Not Acceptable): c/o PEGASUS PROPERTY MGMT 17595 S. TAMIAMI TRAIL #100 City: FT. MYERS FL Zip Code: 33908

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: THOMAS E EATON (THOMAS E EATON) 4/23/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURRAY, RICK D 15 CHOCTAW CIRCLE CHANHASSEN MN 55317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, DAVID A 1535 BAVARIAN SHORES DRIVE CHASKA MN 55318	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAIER, AL 4135 TRILLIAM LN E MOUND MN 55364	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Rick D. Murray Chrm. 4/10/03 239-454-8568