

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90009 046 ***150.00

DOCUMENT # P02000106480
 1. Entity Name
 SOUTHWIND PROPERTY MANAGEMENT, INC.



Principal Place of Business: 950 BAY DRIVE, NICEVILLE, FL 32578
 Mailing Address: PO BOX 5788, NICEVILLE, FL 32578



2. Principal Place of Business - No P.O. Box #: [Blank]
 3. Mailing Address: P.O. 5188
 Suite, Apt. #, etc.: [Blank]

01182007 Chg-P CR2E034 (12/06)

City & State: Niceville, Florida

4. FEI Number: 14-1853652
 Applied For: [Blank]
 Not Applicable: [Blank]

Zip: [Blank] Country: [Blank]
 Zip: FL 32578 Country: USA

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

6. Name and Address of Current Registered Agent
 BROOKS, JEAN
 4400 E HWY 20 STE 109A
 NICEVILLE, FL 32578

7. Name and Address of New Registered Agent
 Name: Jean Brooks
 Street Address (P.O. Box Number is Not Acceptable): 950 Bay Drive
 City: Niceville FL Zip Code: 32578

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: *Jean Brooks* DATE: 3/19/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	D BROOKS, JEAN 950 BAY DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Jean Brooks* DATE: 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #