2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P95000045849 1. Entity Name SOUTHWINDS MOBILE HOME PARK, INC. Principal Place of Business Mailing Address 5424 LEWELLYN ROAD LAKELAND FL 33810 1425 RITTER RD LAKELAND FL 33809 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3330519 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIVEY, OLIN J Street Address (P.O. Box Number is Not Acceptable) 1425 RITTER RD LAKELAND FL 33809 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 DATE (NOTE: Registered Agent cignature required when reinstance) Signature, typed or permitte name of registered agent and late it appacable FILE NOW!!! FEE'JS \$150.00 \$5.00 May Be 9: Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete ☐ Change ☐ Addition TITLE NAME SPIVEY, OLIN J NAME UBBBBBBBBBBBB STORET ADDRESS 5425 LEWELLYN RD STREET ACCRESS 04/26/06-80046-015 150.00. CHTY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STD 1333 E MAME SPIVEY, SHIRLEY J NAME STREET ADDRESS STREET ADDRESS 5425 LEWELLYN RO City-S1-ZiP CHY-SI-ZIP LAKELAND FL 33809 ☐ Change Addition Delete 000 TILLE NAME STREET ADDRESS STHEET ADDRESS City-S7-ZiP CITY-ST-ZIP Change . Addition ☐ Delete BRE TITLE NAME ) AM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition ☐ Change TITLE Defete Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-20P Addition 🔲 ☐ Delete ☐ Change BILL NAME MAAAS STREET ADDRESS STREET ADDRESS CSTY-ST-ISP C11Y-S1-20P

**FILED** 

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 appress, with all other like empowered.

SIGNATURE:

3-31-06

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