2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# P95000045849

Entity Name: SOUTHWINDS MOBILE HOME PARK, INC.

Current Principal Place of Business:

1425 RITTER RD #36
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

2090 GIBSONIA - GALLOWAY RD
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3330519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIVEY, OLIN J SR.
2090 GIBSONIA - GALLOWAY RD
LAKELAND, FL 33810 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: PD
Name: SPIVEY, OLIN J SR.
Address: 2090 GIBSONIA - GALLOWAY RD
City-St-Zip: LAKELAND, FL 33810

Title: STD
Name: SPIVEY, SHIRLEY J
Address: 2090 GIBSONIA-GALLOWAY ROAD
City-St-Zip: LAKELAND, FL 33810

Title: VPD
Name: SPIVEY, LETTY J
Address: 1425 RITTER ROAD #36
City-St-Zip: LAKELAND, FL 33810 US

Title: VPD
Name: WATSON, DANNY J VPD
Address: 5425 LEWELLYN ROAD
City-St-Zip: LAKELAND, FL 33810 US

Title: VPD
Name: WATSON, APRIL S VPD
Address: 5425 LEWELLYN ROAD
City-St-Zip: LAKELAND, FL 33810 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL S WATSON VDP 02/28/2012

Electronic Signature of Signing Officer or Director Date