SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 5/1/94: $60 (IF DISSOLVED, REINSTATE AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL 15 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10591** **(8)**

1. Corporation Name
SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATIO N, INC.

Mailing Address	Principal Place of Business
1280 SOUTH POWERLINE ROAD #25	1280 SOUTH POWERLINE ROAD #25
~~7671 CINEBAR DRIVE~~	~~7671 CINEBAR DRIVE~~
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and write correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1985
3a. Date of Last Report: 03/29/1993

2. Mailing Address	2a. Principal Place of Business
21 1280 South Powerline Rd	26 1280 South Powerline Rd
22 Suite, Apt. #, etc. #25	27 Suite, Apt. #, etc. #25
23 City & State Pompano Beach, Fl	28 City & State Pompano Beach, Fl
24 Zip 33069 25 Country	29 Zip 33069 30 Country

4. FEI Number: 59-2581835 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and the date signed (Last Registered Agent's resignation required when applicable)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (if any)	
11 TITLE	P/D	11 TITLE	
12 NAME	ANN RITA STERLING	12 NAME	
13 STREET ADDRESS	7634 ELMRIDGE DRIVE	13 STREET ADDRESS	
14 CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
21 TITLE	~~V/D~~	21 TITLE	V/D/T
22 NAME	~~ROSENBERG, JULIUS~~	22 NAME	WEIDENBAUM, SHARI
23 STREET ADDRESS	~~7029 CINEBAR DRIVE~~	23 STREET ADDRESS	7623 CINEBAR DRIVE
24 CITY-ST-ZIP	~~BOCA RATON FL~~	24 CITY-ST-ZIP	BOCA RATON FL
31 TITLE	~~S/D~~	31 TITLE	S/D
32 NAME	~~WEIDENBAUM SHARI~~	32 NAME	PAUL VOGEL
33 STREET ADDRESS	~~7623 CINEBAR DRIVE~~	33 STREET ADDRESS	7647 CINEBAR DRIVE
34 CITY-ST-ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	BOCA RATON FL
41 TITLE	~~D~~	41 TITLE	D
42 NAME	~~COSENZA, THOMAS~~	42 NAME	GILBERT, JANET
43 STREET ADDRESS	~~7662 ELMRIDGE DRIVE~~	43 STREET ADDRESS	7663 CINEBAR DRIVE
44 CITY-ST-ZIP	~~BOCA RATON FL~~	44 CITY-ST-ZIP	BOCA RATON FL
51 TITLE	~~T/D~~	51 TITLE	D
52 NAME	~~WURTZBURG, RAY~~	52 NAME	TREGERMAN, MANNY
53 STREET ADDRESS	~~7650 ELMRIDGE DRIVE~~	53 STREET ADDRESS	7612 ELMRIDGE DRIVE
54 CITY-ST-ZIP	~~BOCA RATON FL~~	54 CITY-ST-ZIP	BOCA RATON FL
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

AP?

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be the same as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shari Weidenbaum 6/13/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR