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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10591

(8)

1. Corporation Name

SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1200 SOUTH POWERLINE RD
#25
POMPANO BEACH FL 33069
US

Mailing Address

1200 SOUTH POWERLINE RD
#25
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1985

3a. Date of Last Report

05/25/1994

5. FBI Number

59-2581835

Applied For

Not Applicable

6. 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

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS ST.
ATTN: ANDREW MEYROWITZ
HOLLYWOOD FL 33020

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, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STIRLING, ANN R
STREET ADDRESS 7634 ELMRIDGE DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE VDT
NAME WEIDENBAUM, SHARI
STREET ADDRESS 7623 CINEBAR DR.
CITY-ST-ZIP BOCA RATON FL

TITLE SD
NAME VOGEL, PAUL
STREET ADDRESS 7647 CINEBAR DR.
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME GILBERT, JANET
STREET ADDRESS 7663 CINEBAR DR.
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME TREGEMAN, MANNY
STREET ADDRESS 7612 ELMRIDGE DR.
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition

EDITH DUBERSTEIN

7622 Elmridge Drive

Boca Raton, Florida 33433

SD

JANET GILBERT

7663 CINEBAR DRIVE

Boca Raton, Florida 33433

D

JOANNE WHALEN

7603 Cinebar Drive

Boca Raton, Florida 33433

TD

RAYMOND WURTZBURG

7658 Elmridge Drive

Boca Raton, Florida 33433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Include Phone #)

0010100