

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N10591 (8)

Corporation Name

SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1280 SOUTH POWERLINE RD
#25
POMPANO BEACH FL 33069
US

1280 SOUTH POWERLINE RD
#25
POMPANO BEACH FL 33069
US

3. Date Incorporated or Qualified
08/07/1985

3a. Date of Last Report
03/15/1995

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

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

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

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DUBERSTEIN, EDITH
STREET ADDRESS 7622 ELMRIDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

2.1 TITLE VS
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME GILBERT, JANET
STREET ADDRESS 7663 CINEBAR DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

3.1 TITLE D
3.2 NAME JULIUS ROSENBERG
3.3 STREET ADDRESS 7629 CINEBAR DRIVE
3.4 CITY-ST-ZIP BOCA RATON, FL. ☒ Change ☐ Addition

TITLE D
NAME WHALEN, JOANNE
STREET ADDRESS 7603 CINEBAR DR
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME WURTZBURG, RAYMOND
STREET ADDRESS 7658 ELMRIDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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:

Ann Rita Stirling

2.2.96

979-6608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)