PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97 DEC 19 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10591**

1. 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

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/1985

5. FEI Number: 59-2581835 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	STIRLING, ANN R	7634 ELMRIDGE DRIVE	BOCA RATON FL
VS	DUBERSTEIN, EDITH	7622 ELMRIDGE DRIVE	BOCA RATON FL
D	ROSENBERG, JULIUS	7629 CINEBAR DRIVE	BOCA RATON FL
D	WHALEN, JOANNE	7603 CINEBAR DR	BOCA RATON FL
TD	WURTZBURG, RAYMOND	7658 ELMRIDGE DRIVE	BOCA RATON FL

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8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name: A. Alan 12/19/97
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City: 12/26/97 State: FL Zip Code: ****236 ****236.25

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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 11/12/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Raymond Wurtzburg — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11/21/97 — Daytime Phone #: 979-6608

CR2E040 (8/97)