

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - N10591

1. Entity Name

SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATIO

Principal Place of Business

1280 SOUTH POWERLINE RD.
#25
POMPANO BEACH FL 33069
US

Mailing Address

1280 SOUTH POWERLINE RD.
#25
POMPANO BEACH FL 33069-4342
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2581835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VS
NAME DUBERSTEIN, EDITH
STREET ADDRESS 7622 ELMRIDGE DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE D
NAME ROSENBERG, JULIUS
STREET ADDRESS 7629 CINEBAR DRIVE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90086 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)