

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90124 032 ****61.25

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 US
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021109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1350 S. POWERLINE RD Suite, Apt. #, etc. 109	3. Mailing Address 1350 S. POWERLINE RD Suite, Apt. #, etc. 109
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City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069	Country USA

4. FEI Number 59-2581835	Applied For Not Applicable
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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
DEVELOPMENT CONSULTANTS INC
 Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING STREET SUITE 200
ATTN: Andrew Meyrowitz
 City
Hollywood FL Zip Code
33020

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STIRLING, ANN R 7634 ELMRIDGE DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DUBERSTEIN, EDITH 7622 ELMRIDGE DRIVE BOCA RATON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, JULIUS 7629 CINEBAR DRIVE BOCA RATON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEN, JOANNE 7603 CINEBAR DR BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WURTZBURG, RAYMOND 7658 ELMRIDGE DRIVE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BART GOODMAN 7643 CINEBAR DR BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MONTE WADLER 7594 ELMRIDGE DR BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ann Rita Stierberg 2-16-01 561-392-3114
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)