

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90024 003 ****61.25

DOCUMENT # N10591
 1. Entity Name
 SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US
 Mailing Address: C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US

54025448

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03292004 No Chg-NP CR2E037 (10/03)

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.
 2035 HARDING STREET STE 200
 ATTN: ANDREW MEYROWITZ
 HOLLYWOOD, FL 33020

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERLING STERLING, ANN R
STREET ADDRESS	7634 ELMRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DOCKTOR, JERRY
STREET ADDRESS	7631 CINEBAR DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	WALDER, MONTE
STREET ADDRESS	7594 ELMRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	ST
NAME	RAMER RAINER, ROBERT DR.
STREET ADDRESS	7646 ELMRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	SACHS, HENRY
STREET ADDRESS	7636 ELMRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Sterling 3/30/04 561-392-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #