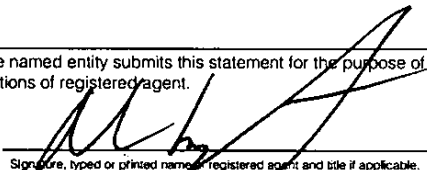


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90105 044 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2581835	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME STERLING, ANN R STREET ADDRESS 7634 ELMRIDGE DRIVE CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete		TITLE STP MITCHEL, TAMARA NAME 7597 CINEBAR DR. STREET ADDRESS BOCA RATON FL 33433 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE D NAME MITCHEL, TAMARA STREET ADDRESS 7597 CINEBAR DR CITY-ST-ZIP BOCA RATON, FL 33433	☒ Delete		TITLE D NAME BOLON, STANLEY STREET ADDRESS 7601 CINEBAR DR. CITY-ST-ZIP BOCA RATON FL 33433	☐ Change ☒ Addition	
TITLE VP NAME WALDER, MONTE STREET ADDRESS 7594 ELMRIDGE DRIVE CITY-ST-ZIP BOCA RATON, FL 33433	☒ Delete		TITLE VP NAME RAMER, ROBERT DR. STREET ADDRESS 7646 ELMRIDGE DR CITY-ST-ZIP BOCA RATON FL 33433	☒ Change ☐ Addition	
TITLE ST NAME RAMER, ROBERT DR. STREET ADDRESS 7646 ELMRIDGE DR CITY-ST-ZIP BOCA RATON, FL 33433	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME SACHS, HENRY STREET ADDRESS 7636 ELMRIDGE DR CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4-5-06 561-392-3114		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANN RITA STERLING			Date Daytime Phone #		