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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35082 (9)

1. Corporation Name

SOUTHWIND ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ARISTA MANAGEMENT GROUP, INC.
3600 S. CONGRESS AVE. STE. C
BOYNTON BEACH FL 33426% ARISTA MANAGEMENT GROUP, INC.
3600 S. CONGRESS AVE. STE. C
BOYNTON BEACH FL 33426-84883. Date Incorporated or Qualified
11/03/19893a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 151 N.W. 18th AVE

2a. Mailing Address

26 151 N.W. 18th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0169604

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

DANIELS, STEVEN
301 YAMATO ROAD
#4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

SPENCER M. SAX

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

301 YAMATO RD.

83

SUITE # 4150

84 City

BOCA RATON, FL

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Spencer M. Sax, Attorney

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/97

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	GREEN BERG SANDRA	
STREET ADDRESS	9633 HARBOUR LAKES CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	☒ DELETE
NAME	BRAUER EFREM	
STREET ADDRESS	9943 HARBOUR LAKES CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	☐ DELETE
NAME	HAMMER, DANIEL	
STREET ADDRESS	9791 HARBOUR LAKE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	☐ DELETE
NAME	FRANK, HY	
STREET ADDRESS	9882 HARBOUR LAKE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	☐ DELETE
NAME	WEINBERA RICHARD	
STREET ADDRESS	9898 HARBOUR LAKE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	HONIG, HERBERT
2.4 CITY-ST-ZIP	9598 HARBOUR LAKE CIRCLE BOYNTON BEACH FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041737

CR2E037 (9/96)