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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA 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
151 NW 18TH AVE. 3600 S. CONGRESS AVE. STE. C DELRAY BCH FL 33444 US	151 N.W. 18TH AVE. 3600 S. CONGRESS AVE. STE. C DELRAY BCH FL 33444 US

3. Date Incorporated or Qualified: 11/03/1989

4. FEI Number: 65-0169604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9545 Palm Isles Dr	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boynton Bch FL	28 City & State
24 Zip: 33437 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SPENCER M. SAX
301 YAMATO ROAD
#4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Southwind Estate
82 Street Address (P.O. Box Number is Not Acceptable): 9545 Palm Isles Dr
83
84 City: Boynton Bch FL 85 Zip Code: 33437

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 617.0508, Florida Statutes.

SIGNATURE: Southwind Estates Assoc. INC Herbert Honig TREASURER 1/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT GREEN BERG SANDRA 9633 HARBOUR LAKES CIRCLE BOYNTON BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD GREENBERG, SANDRA 9633 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HONIG HERBERT 9598 HARBOUR LAKE CIR. BOYNTON BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMMER, DANIEL 9791 HARBOUR LAKE CIRCLE BOYNTON BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD HAMMER DANIEL 9791 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRANK, HY 9882 HARBOUR LAKE CIRCLE BOYNTON BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEINBERA RICHARD 9898 HARBOUR LAKE CIRCLE BOUNTON BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD WEINBERG, RICHARD 9898 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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: Herbert Honig **REQUIRED** 1/15/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #