

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35082

1. Entity Name

SOUTHWIND ESTATES ASSOCIATION, INC.

Principal Place of Business

9545 PALM ISLES DR
BOYNTON BEACH FL 33437
US

Mailing Address

9545 PALM ISLES DR
BOYNTON BEACH FL 33437-3824
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0169604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHS, SAX & KLEIN, P.A.
301 YAMATO ROAD
SUITE 4150
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HAMMER, DANIEL
9791 HARBOUR LAKE CIRCLE
BOYNTON BEACH FL 33437
☐ Delete

VPD
FRANK, HY
9882 HARBOUR LAKE CIRCLE
BOYNTON BEACH FL 33437
☐ Delete

VPD
SMOOKE, EDWARD
9874 HARBOUR LAKE CIRCLE
BOYNTON BEACH FL 33437
☐ Delete

TD
WOLF, JULIUS
7851 WATERFALL TERRACE
BOYNTON BEACH FL 33437
☐ Delete

SD
WEINBERG, RICHARD
9898 HARBOUR LAKE CIRCLE
BOYNTON BEACH FL 33437
☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL HAMMER

1/4/00

369-1995