

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90581 042 ****61.25

DOCUMENT # N35082

1. Entity Name

SOUTHWIND ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9545 PALM ISLES DR
 BOYNTON BEACH FL 33437
 US

9545 PALM ISLES DR
 BOYNTON BEACH FL 33437
 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

SAX, SPENCER M
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANK, HY 9882 HARBOUR LAKE CIRCLE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMOOKE, EDWARD 9874 HARBOUR LAKE CIRCLE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, JULIUS 7851 WATERFALL TERRACE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINBERG, RICHARD 9898 HARBOUR LAKE CIRCLE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMMER, LAWRENCE 9895 HARBOUR LAKE CIRCLE BOYNTON BEACH FL 33437	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KASHDAN, DONALD 7939 SAILING SHORES TERRACE BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, ROBERT 9887 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
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 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:

Daniel Hammer **DANIEL HAMMER** 2/2/01 561-734-5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)