NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90502 034 ****70.00

DOCUMENT # N35082

1. Entity Name

SOUTHWIND ESTATES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9545 Palm Isles Dr.	9545 Palm Isles Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAWRENCE HAMMER

Street Address (P.O. Box Number is Not Acceptable): 9545 Palm Isles Dr.

City: Boynton Beach FL Zip Code: 33437

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] LAWRENCE HAMMER 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PD
NAME	LAWRENCE HAMMER
STREET ADDRESS	9895 Harbour Lake Cir.
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	VPD
NAME	DANIEL HAMMER
STREET ADDRESS	9791 Harbour Lake Cir.
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	VPD
NAME	WALTER PEKAR
STREET ADDRESS	9883 Harbour Lake Cir.
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	TD
NAME	NORMAN BLESHMAN
STREET ADDRESS	9954 Harbour Lake Cir.
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	TD
NAME	ROBERT FREEMAN
STREET ADDRESS	9887 Harbour Lake Cir.
CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LAWRENCE HAMMER 4/29/02 (561)369-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #