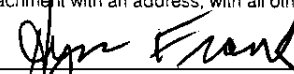


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90027 025 ****61.25

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 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				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent HYMAN, FRANK NAME CORRECTION: 9545 PALM ISLES DRIVE FRANK, HYMAN BOYNTON BEACH FL 33437			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
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 Due By May 1, 2004		9. Election Campaign Financing ☐ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD HAMMER, DANIEL ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	9791 HARBOUR LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	PD FRANK, HY ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	9882 HARBOUR LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	VPD GREENVERG, SANDRA ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	9633 HARBOUR LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	2VPD PEKAR, WALTER ☒ Delete		TITLE	2VPD ☒ Change ☐ Addition	
NAME			NAME	Faigman, Sydell	
STREET ADDRESS	9883 HARBOUR LAKE CIRCLE		STREET ADDRESS	9711 Harbour Lake Cir.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD KAPLAN, BERT ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS	9927 HARBOUR LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			2/4/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					