

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90029 027 ****61.25

DOCUMENT # N35082 1. Entity Name SOUTHWIND ESTATES ASSOCIATION, INC.	
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Principal Place of Business 9545 PALM ISLES DR BOYNTON BEACH, FL 33437 US	Mailing Address 9545 PALM ISLES DR BOYNTON BEACH, FL 33437 US
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0169604	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FRANK, HYMAN
9545 PALM ISLES DRIVE
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

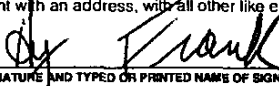
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMER, DANIEL 9791 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, HY 9882 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREENVERG, SANDRA 9633 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD FAIGMAN, SYDELL 9711 HARBOUR LAKE CIR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, BERT 9927 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **HY FRANK** **2/24/05** **561-369-2995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #