SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # N10591 (8)

1. Corporation Name

SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
1280 SOUTH POWERLINE RD. #25 POMPANO BEACH FL 33069 US	1280 SOUTH POWERLINE RD. #25 POMPANO BEACH FL 33069 US

3. Date Incorporated or Qualified: 08/07/1985

4. FEI Number: 59-2581835 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 24 25	City & State 28 29
	Zip 30 Country

9. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2901 SIMMS ST.
ATTN: ANDREW MEYROWITZ
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STIRLING, ANN R		1.2 NAME	
STREET ADDRESS	7634 ELMRIDGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUBERSTEIN, EDITH		2.2 NAME	
STREET ADDRESS	7622 ELMRIDGE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, JULIUS		3.2 NAME	
STREET ADDRESS	7629 CINEBAR DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHALEN, JOANNE		4.2 NAME	
STREET ADDRESS	7603 CINEBAR DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WURTZBURG, RAYMOND		5.2 NAME	
STREET ADDRESS	7658 ELMRIDGE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edith Duberstein 7/22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #