

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739006

1. Entity Name

SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC. ✓

Principal Place of Business

20423 STATE ROAD 7. F6-BOX 505  
BOCA RATON FL 33432  
US

Mailing Address

20423 STATE ROAD 7. F6-BOX 505  
BOCA RATON FL 33432  
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

59-2349710

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

GERSTIN, JOSHUA ESQ  
1515 N. FEDERAL HWY., STE 300  
BOCA RATON FL 33432

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  
After September 13, 2000 min. will be \$236.25

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	VP	<input type="checkbox"/> Delete
NAME	CLOSE, JENNIE	
STREET ADDRESS	9519 BURLINGTON PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TURNBULL, BRUCE	
STREET ADDRESS	9144 SOUTH HAMPTON PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, PATTI	
STREET ADDRESS	9518 BURLINGTON PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KAUFMANN, DENNIS	
STREET ADDRESS	19572 COLORADO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FULTON, JEANNE	
STREET ADDRESS	9890 LIBERTY COURT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIO ALBA	
STREET ADDRESS	9708 ALASKA CR.	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK RACCIOPI	
STREET ADDRESS	19494 HAMPTON DR	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH GALLO	
STREET ADDRESS	19190 WESTBROOK DR.	
CITY-ST-ZIP		
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/00

Date

Daytime Phone #

FILED  
Aug 01, 2000 8:00 am  
Secretary of State

08-01-2000 90004 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)