2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90024 003 ****61.25

DOCUMENT # N10591

1. Entity Name
SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

54025448

Principal Place of Business	Mailing Address
C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US	C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US

DO NOT WRITE IN THIS SPACE

03292004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS, INC.
2035 HARDING STREET STE 200
ATTN: ANDREW MEYROWITZ
HOLLYWOOD, FL 33020

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD STERLING
NAME	~~STIRLING~~, ANN R
STREET ADDRESS	7634 ELMRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DOCKTOR, JERRY
STREET ADDRESS	7631 CINEBAR DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	V
NAME	WALDER, MONTE
STREET ADDRESS	7594 ELMRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	ST
NAME	~~RAINER~~ RAMER, ROBERT DR.
STREET ADDRESS	7646 ELMRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	SACHS, HENRY
STREET ADDRESS	7636 ELMRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Ann Rita Sterling 3/30/04 561-392-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #