

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**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**



03152005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**SD  
CLOSE, JENNIE  
9519 BURLINGTON PL  
BOCA RATON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MCCOMB, WILLIAM  
19432 DAKOTA CT.  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RACCIOPPI, FRANK  
19494 HAMPTON DRIVE  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LADUKE, ALAN  
9539 DENVER COURT  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALBA, FABIO  
9708 ALASKA CIRCLE  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000270136  
03/19/05-80038-021 61.25

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-05 561-470 9555**

Date

Daytime Phone #