

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 003 ****61.25

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

03292006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

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. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **CLOSE, JENNIE**
STREET ADDRESS **9519 BURLINGTON PL**
CITY-ST-ZIP **BOCA RATON, FL**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **NANCY SUTTHOFF**
STREET ADDRESS **9674 Nevada Pl.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN Warner**
STREET ADDRESS **9774 Lancaster Pl.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nancy Suthoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30mar06 561-852-3560
Date Daytime Phone #