

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90033 009 \*\*\*\*61.25

<b>DOCUMENT # N10591</b> 1. Entity Name SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US		Mailing Address C/O DEVELOPMENT CONSULTANTS, INC. 2035 HARDING ST, #200 HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box # C/O Assoc. Svcs of FL Suite, Apt. #, etc. 10112 USA Today Way City & State MIRAMAR, FL Zip 33025		3. Mailing Address C/O Assoc Svcs of FL Suite, Apt. #, etc. 10112 USA Today Way City & State MIRAMAR, FL Zip 33025	
4. FEI Number 59-2581835		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01092008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DEVELOPMENT CONSULTANTS, INC. 2035 HARDING STREET STE 200 ATTN: ANDREW MEYROWITZ HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: <u>Barbara Herndon</u> Street Address (P.O. Box Number is Not Acceptable): <u>C/O Assoc. Svcs of FL</u> <u>10112 USA Today Way</u> City: <u>MIRAMAR</u> FL Zip Code: <u>33025</u>	
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: <u>[Signature]</u> DATE: <u>2/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHEL, TAMARA 7597 CINEBAR DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLON, STANLEY 7601 CINEBAR DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMER, ROBERT DR 7646 ELMRIDGE DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERLING, ANN R 7634 ELMRIDGE DRIVE BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, J. Joel 7609 Cinebar Dr BOCA RATON, FL 33433	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ann Rita Sterling Pres. HOA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-26-08</u> Daytime Phone #: <u>561 392-3117</u>	

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