

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739006

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRIME MANAGEMENT  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

20283 STATE ROAD STE 300  
BOCA RATON, FL 33498 US

**New Mailing Address:**

C/O PRIME MANAGEMENT  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2349710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, CHRIS DRAPER  
625 NORTH FLAGLER DRIVE  
7TH FLOOR  
WPB, FL 33401 US

**Name and Address of New Registered Agent:**

STOLOFF, SCOTT A  
1818 S. AUSTRALIAN AVENUE  
400  
WPB, FL 33409 US

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: SCOTT A STOLOFF

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: RIZZO, VINCE  
Address: 6300 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33487

Title: T  
Name: BRUNO, MARY  
Address: 6300 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33487

Title: P  
Name: PERKINS, MICHAEL  
Address: 9759 RICHMOND CR  
City-St-Zip: BOCA RATON, FL 33434

Title: VP  
Name: LOCANDRO, ANITA  
Address: 6300 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33487

Title: D  
Name: WARRELL, LUCILLE  
Address: 6300 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANITA M. LOCANDRO

VP

02/17/2011

Electronic Signature of Signing Officer or Director

Date