2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90080 044 ****61.25

DOCUMENT # N10591

1. Entity Name

SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
1350 S POWERPLANE ROAD #109 POMPANO BEACH FL 33069 US	1350 S POWERPLANE ROAD #109 POMPANO BEACH FL 33069 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o DEVELOPMENT CONSULTANTS INC	c/o DEVELOPMENT CONSULTANTS INC
Suite, Apt. #, etc.: 2035 HARDING ST #200	Suite, Apt. #, etc.: 2035 HARDING ST #200
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

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	7. Name and Address of New Registered Agent
DEVELOPMENT CONSULTANTS, INC. ~~2035~~ HARDING STREET STE 200 ATTN: ANDREW MEYROWITZ HOLLYWOOD FL 33020	Name: DEVELOPMENT CONSULTANTS INC, c/o Andrew Meyrowitz Street Address (P.O. Box Number is Not Acceptable): 2035 Harding St Suite 200 City: Hollywood FL Zip Code: 33020

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 1/14/03

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

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STIRLING, ANN R 7634 ELMRIDGE DRIVE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JERRY DOCKTOR 7631 CINEBAR DR BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOODMAN, BURT 7643 CINEBAR DRIVE BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURE ROBERT RAMER 7646 ELMRIDGE DR BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WALDER, MONTE 7594 ELMRIDGE DRIVE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MONTE WADLER 7594 Elmridge Dr Boca Raton, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKMAN, DONALD 7368 ELMRIDGE DR BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHS, HENRY 7636 ELMRIDGE DR BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JERRY DOCKTOR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 1-24-03 561-392-3114