

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739006

**Entity Name:** SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD7 SUITE 219  
BOCA RATON, FL 33498**Current Mailing Address:**C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD7 SUITE 219  
BOCA RATON, FL 33498 US**FEI Number:** 59-2349710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUPERIOR ASSOCIATION MANAGEMENT  
SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD7 SUITE 219  
BOCA RATON, FL 33498 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:** SHERI SCARBOROUGH

02/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SALLY, KAUFFMAN  
Address       C/O SUPERIOR ASSOCIATION  
                 MANAGEMENT  
                 20283 STATE ROAD7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           VP  
Name           PIEKOS, ERIC  
Address       C/O SUPERIOR ASSOCIATION  
                 MANAGEMENT  
                 20283 STATE ROAD7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           DIRECTOR  
Name           CHRISTOPHER, LARRY  
Address       C/O SUPERIOR ASSOCIATION  
                 MANAGEMENT  
                 20283 STATE ROAD7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           PRESIDENT  
Name           MCCAULEY, ANITA  
Address       C/O SUPERIOR ASSOCIATION  
                 MANAGEMENT  
                 20283 STATE ROAD7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           SECRETARY  
Name           BOWEN, PATRICIA  
Address       C/O SUPERIOR ASSOCIATION  
                 MANAGEMENT  
                 20283 STATE ROAD7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

*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 MCCAULEY

PRESIDENT

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date