

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10591

Entity Name: SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**902 CLINT MOORE RD #110
BOCA RATON, FL 33487**Current Mailing Address:**902 CLINT MOORE RD #110
BOCA RATON, FL 33487**FEI Number: 59-2581835****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MANTON, STEPHEN
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title VP
Name GROSS, LORRAINE (ROBIN)
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT/TD
Name FRIED, STEVEN
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name SPIEGELMAN, DONALD
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name MELAMED, ROBERT
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name STERN, NORMAN
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name RABINOWITZ, BARRY
Address 902 CLINT MOORE RD #110
City-State-Zip: BOCA RATON FL 33487

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: STEVEN FRIED**PRESIDENT****04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date