## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10591

Entity Name: SOUTHWINDS AT BOCA POINTE CONDOMINIUM

ASSOCIATION, INC.

FILED Mar 05, 2025 Secretary of State 9894356845CC

## **Current Principal Place of Business:**

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487

## **Current Mailing Address:**

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US

FEI Number: 59-2581835 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BUDD, GARY C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 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: GARY BUDD 03/05/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

INC.

 Title
 DIRECTOR
 Title
 TREASURER

 Name
 GROPPER, ROBERT
 Name
 SHAPIRO, RONALD

Address C/O CREST MANAGEMENT GROUP, Address C/O CREST MANAGEMENT GROUP,

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6413 CONGRESS AVENUE SUITE 100 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

 Title
 VP, SECRETARY
 Title
 PRESIDENT

 Name
 LINICK, LINDA
 Name
 TORO, RACHEL

Address C/O CREST MANAGEMENT GROUP. Address C/O CREST MANAGEMENT GROUP.

INC.

6413 CONGRESS AVENUE SUITE 100 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: BOCA RATON FL 33487 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.