## 2013 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:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 03, 2013

**Secretary of State** 

CC2777749408

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR

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

Title **DIRECTOR** 

Title PRESIDENT/TD SPIEGELMAN, DONALD Name

Name FRIED, STEVE Address 902 CLINT MOORE RD #110 Address 902 CLINT MOORE RD #110 City-State-Zip: BOCA RATON FL 33487

Title **SECRETARY** 

902 CLINT MOORE RD #110 Address

CIRINO, ANALEE

**BOCA RATON FL 33487** 

BOCA RATON FL 33487 City-State-Zip:

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: STEVE FRIED **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

04/03/2013 Date