

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35082

Entity Name: SOUTHWIND ESTATES ASSOCIATION, INC.**Current Principal Place of Business:**9545 PALM ISLES DR
BOYNTON BEACH, FL 33437**Current Mailing Address:**8200 NW 33RD STREET
STE 300
MIAMI, FL 33122 US**FEI Number:** 65-0169604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY
200
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:** RON CAPLAN

02/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	SEITELMAN, LARRY
Address	9545 PALM ISLES DR
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SECRETARY
Name	DLABIK, CHARLOTTE
Address	9545 PALM ISLES DR
City-State-Zip:	BOYNTON BEACH FL 33437

Title	DIRECTOR
Name	DISALVO, ROSEMARIE
Address	9545 PALM ISLES DR
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP
Name	ARMS, JUANITA
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	PRESIDENT
Name	MITZNER, BONNIE
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BEACH FL 33437

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: BONNIE MITZNER

P

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date