Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90151 042 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 204762

1. Corporation Name

CITY-ST-ZIP

SOUTHWINDS COOPERATIVE APARTMENT ASSOCIATION, IN

Principal Place	e of Business	Mailing Address								
C/O CHRIS PROMENSCHENKEL C/O CHRIS PROMENSCHE			ŒL							
3212 NE 8TH C		3212 NE 8TH CT				DO NOT WRITE IN THIS SPACE				
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062					3 Date inc	orporated or Qualifed				
					08/02/	•				
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Nun			App	lied For	
21	lace of Eddiness	26			59-144				Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	
	.,, 5.5.	27			5. Certifcat	e of Status Desired		Fee Rec	μαired	
City & State	e	City & State			6 Election	Campaign Financing		\$5.00 +	May Be	
23		28				nd Contribution		Added to		
Zip	Country	Zip	Count	try	8. This cor	poration owes the curr	ent year Inta	angible		
24	25	29	0			l Property Tax.			No	
	9. Name and Address of Curren	t Registered Agent			10. Name a	nd Address of New F	Registered A	Agent		
			8	Nam	e Orlanda	Maiorano				
BURG	GESS, RICHARD		-	22 Strace		Number is Not Accepta	able)			
3212	NE 8TH AVE		82 8							
APT 4			1	33	<b></b>	_8 <del>th_Cour</del> t	<del>,</del>			
POM	PANO EBAHC FL 61364		L		Apt 15			7:- 0		
			1 -	34 City			FL	85 Zip C		
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	the abo	ve-name	d corporation submits	this statement for the	purpose of	L 330 changing its	registered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was aut	horized t	y the co	poration's board of di	rectors. I hereby accep	ot the appoir	ntment as reg	istered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 647.0505, Florid	ia Statut	TIA	,					
SIGNATURE	son Landau Majoran	Quand title if applicable (NOTE: F	Registered A		re required when reinstating)	<del>-February</del>	<del>γ 22.</del>	<del>1999</del>		
12,		ID DIRECTORS	13.	<b>3</b>		NS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	Р	DELETE	1.1 TITU	E	Orlanda N			Change	Addition	
NAME	BURGESS, RICHARD		1.2 NAM	E		th Court	Apt.	15		
STREET ADDRESS	3212 NE 8TH CT APT 4		1.3 STR	FFT ADDRES	s Pompano I	Beach, Flo	rida	33062		
	POMPANO BEACH FL			-ST-ZiP	- Carpano					
CITY-ST-ZIP -TITLE	V	☐ DELETE	2.1 TITL		<del>                                     </del>			Change	Addition	
NAME	STANSFIELD, JIM		2.2 NAM		-	•				
	AA4A 145 ATTI AT 1145			EET ADDRES	e l			•		
STREET ADDRESS	POMPANO BEACH FL		1					<u>.                                    </u>		
CITY-ST-ZIP	<del></del>	☐ DELETE	3.1 TITL	Y-ST-ZIP	<del>                                     </del>			Change	☐ Addition	
TITLE	ST DOMENSCHENKEL CHOIS	- Detere	3.2 NAM				•			
NAME	PROMENSCHENKEL, CHRIS 3212 NE 8TH CT #12A		1		se l					
STREET ADDRESS			1	EET ADDRES	) ·					
CITY-ST-ZIP	POMPANO BEACH FL	☐ DELETE	3.4, CIT 4.1 TITL	Y-ST-ZIP	ļ		<del></del>	Change	[T] Addition	
TITLE	D D		1							
NAME	HERMANN, ED		4. 2 NA							
STREET ADDRESS	ſ		•	EET ADDRES	SS					
CITY-ST-ZIP	POMPANO BEACH FL	ארו בדר		'-ST-ZIP				Change	Addition	
TITLE	D	DELETE	5.1 TITL 5.2 NAM			na Velard			L-I ridasion	
NAME	LA BRECQUE, ROGER		1			8th Court				
STREET ADDRESS			1	EET ADDRES	<sup>∞</sup>   Pompano	Beach, Fl	orida	3306	52	
CITY-ST-ZIP	POMPANO BEACH FL	C priete	5.4 CITY 6.1 TITL	'- ST-ZIP		<del></del> -		☐ Change	Addition	
TITLE		☐ DELETE	1							
NAME			6.2 NAV							
STREET ADDRESS	i		6.3 STR	EET ADDRES	SS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an Address, with all other like empowered.

6.4 CITY-ST-ZIP