

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 204762

1. Entity Name

SOUTHWINDS COOPERATIVE APARTMENT ASSOCIATION, IN

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90064 026 ***150.00

Principal Place of Business

C/O CHRIS PROMENSCHENKEL
3212 NE 8TH CT
POMPANO BEACH FL 33062

Mailing Address

C/O CHRIS PROMENSCHENKEL
3212 NE 8TH CT
POMPANO BEACH FL 33062

2. Principal Place of Business

C/O MARK PORCELLAN

3. Mailing Address

SOUTHWINDS C/O MARK PORCELLAN

Suite, Apt., #, etc.

3212 N.E. 8TH CT

Suite, Apt., #, etc.

3212 N.E. 8TH CT

City & State

POMPANO BEACH FLORIDA

City & State

POMPANO BEACH FL

Zip

33062

Country

U.S.A

Zip

33062

Country

U.S.A

4. FEI Number

59-1444566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANSFIELD, JAMES R D
3212 NE 8TH COURT
APT 17
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

MARK PORCELLAN

Street Address (P.O. Box Number is Not Acceptable)

3212 N.E. 8TH CT #20

POMPANO BEACH

City

POMPANO BEACH

FL

Zip Code

33062

8. 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

MARK PORCELLAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STANSFIELD, JAMES R D	
STREET ADDRESS	3212 NE 8TH CT APT 17	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, ROSEMARY	
STREET ADDRESS	3212 NE 8TH CT APT 4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PROMENSCHENKEL, CHRIS	
STREET ADDRESS	3212 NE 8TH CT #12A	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERMANN, ED	
STREET ADDRESS	3212 NE 8TH CT #11	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VELARD, VALENTINA	
STREET ADDRESS	3212 NE 8TH CRT APT	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	Pat Palumbo	
CITY-ST-ZIP	3212 N.E. 8TH CT #16 POMPANO BEACH FLORIDA 33062	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth McLaughlin	
STREET ADDRESS	3212 N.E. 8TH CT #5	
CITY-ST-ZIP	POMPANO BEACH FLORIDA 33062	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK PORCELLAN	
STREET ADDRESS	3212 N.E. 8TH CT #20	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED HERMANN	
STREET ADDRESS	3212 N.E. 8TH CT #11	
CITY-ST-ZIP	POMPANO BEACH FLORIDA 33062	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Paolillo	
STREET ADDRESS	3212 N.E. 8TH CT #3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK PORCELLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

954-542-7486

Daytime Phone #

CR2E034 (10/00)

0125117