


2005**CORPORATION
ANNUAL REPORT****FILED**
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 204762 1. Entity Name SOUTHWINDS COOPERATIVE APARTMENT ASSOCIATION, INC.		
Principal Place of Business C/O DOLLY MEINTAL 3212 NE 8TH CT APT 10 POMPANO BEACH, FL 33062 US	Mailing Address C/O DOLLY MEINTAL 3212 NE 8TH CT APT 10 POMPANO BEACH, FL 33062 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MEINTAL, DOLLY 3212 NE 8TH COURT #10 POMPANO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLITAKIS, GEORGE 3212 NE 8TH CT #20 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLAUGHLIN, ELIZABETH 3212 NE 8TH COURT #5 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEINTAL, DOLLY 3212 NE 8TH CT #10 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLILLO, DANIEL 3212 NE 8TH COURT #3 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MEINTEL, EUGENE 3212 NE 8TH COURT #10 POMPANO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Dolly Meintal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-10-05</u> <small>Daytime Phone #</small>



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1444566Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000212556
02/03/05-80036-005 150.00**DO NOT WRITE
IN THIS SPACE**