


FILE NOW: FILING FEE IS \$61.25

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Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90114 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739006					
1. Corporation Name SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 543 NW 77TH ST 200 BOCA RATON FL 33487 US			Mailing Address 543 NW 77TH ST 200 BOCA RATON FL 33487 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-23497.10	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCARBOROUGH, SHERI A 543 NW 77TH ST STE 200 BOCA RATON FL 33487				81 Name TEDESCO + LANDIS, ROY TEDESCO			
				82 Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL Highway			
				83 Suite 302			
				84 City Boca RATON FL 85 Zip Code 33432			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Roy S. Tedesco DATE 1/31/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP				1.1 TITLE			
NAME CLOSE, JENNIE				1.2 NAME			
STREET ADDRESS 9519 BURLINGTON PL				1.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE T				2.1 TITLE			
NAME TURNBULL, BRUCE				2.2 NAME			
STREET ADDRESS 9207 EDGEHOM LANE				2.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL				2.4 CITY-ST-ZIP			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE PD				3.1 TITLE			
NAME PARKS, ROY				3.2 NAME			
STREET ADDRESS 19266 CAROLINA CR				3.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D				4.1 TITLE			
NAME KAUFMANN, DENNIS				4.2 NAME			
STREET ADDRESS 19100 WESTBROOK DR				4.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE SD				5.1 TITLE			
NAME FULTON, JEANNE				5.2 NAME			
STREET ADDRESS 9364 WATER CORSE WAY				5.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 617, 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.

SIGNATURE: BRUCE TURNBULL REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)