

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739006

1. Entity Name

SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC. ✓

Principal Place of Business

20423 STATE ROAD 7. F6-BOX 505
BOCA RATON FL 33432
US

Mailing Address

20423 STATE ROAD 7. F6-BOX 505
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2349710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSTIN, JOSHUA ESQ
1515 N. FEDERAL HWY., STE 300
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME CLOSE, JENNIE
STREET ADDRESS 9519 BURLINGTON PL
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME TURNBULL, BRUCE
STREET ADDRESS 9144 SOUTH HAMPTON PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ Change ☒ Addition
NAME FABIO ALBA
STREET ADDRESS 9708 ALASKA CR.
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BOWEN, PATTI
STREET ADDRESS 9518 BURLINGTON PLACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE S ☐ Change ☒ Addition
NAME FRANK RACCIOPI
STREET ADDRESS 19494 HAMPTON DR
CITY-ST-ZIP

TITLE T ☒ Delete
NAME KAUFMANN, DENNIS
STREET ADDRESS 19572 COLORADO CIRCLE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE T ☐ Change ☒ Addition
NAME JOSEPH GALLO
STREET ADDRESS 19190 WESTBROOK DR.
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FULTON, JEANNE
STREET ADDRESS 9890 LIBERTY COURT
CITY-ST-ZIP BOCA RATON FL 33434

TITLE P, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 617, 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/00
Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)