

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739006

1. Entity Name

SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

TITLE TD ☐ Delete  
NAME GALLO, JOE  
STREET ADDRESS 19190 WESTBROOK DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE SD ☐ Delete  
NAME RACCIOPPI, FRANK  
STREET ADDRESS 19494 HAMPTON DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

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

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

TITLE VP ☐ Change ☐ Addition  
NAME Bill Sears  
STREET ADDRESS 19370 Dakota Ct.  
CITY-ST-ZIP Boca Raton, FL 33434

TITLE D ☐ Delete  
NAME ALBA, FABIO  
STREET ADDRESS 9708 ALASKA CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02

Date

(561)470-9555

Daytime Phone #

CR2E037 (9/01)