

739006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

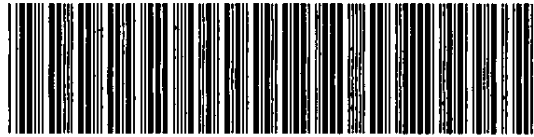
(Document Number)

Certified Copies _____ Certificates of Status _____

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person signing as that of
RA title ERG

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08 JUL 28 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHWIND LAKES Homeowner's Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 739006

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Platten
(Name of Contact Person)

Prime Management
(Firm/Company)

6300 Park of Commerce Blvd.
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Platten at (561) 989-5090
(Name of Contact Person) (Area Code & Daytime Telephone Number)

[Enclosed is a \$35.00 check made payable to the Department of State.]

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2008

COLLEEN PLATTEN
6300 PARK OF COMMERCE BLVD.
BOA RATON, FL 33487

SUBJECT: SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: 739006

We have received your document for SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 508A00041374

RECEIVED
2008 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTHWIND LAKES HOMEOWNER'S ASSOCIATION, INC.
2. The principal office address: 610 Prime Management, 6300 Park of Commerce Blvd, Boca Raton, FL 33487
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: 739006

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOSHUA GERSTIN ESQ
1499 W PALMETTO PARK RD. STE
BOCA RATON, FL 33486

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD. P9500000-87374
(P.O. Box NOT acceptable)
BOCA RATON, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

TREASURER

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

May 23, 2008
(Date)

If signing on behalf of an entity: ☒

PRIME MANAGEMENT / Sherry Scarborough
(Typed or Printed Name)

FEE: \$35.00 * MANAGER

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314