

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90027 041 ****61.25

DOCUMENT # 749611

1. Entity Name
SOUTHWIND TOWER CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
326 SOUTHWIND COURT
NORTH PALM BEACH, FL 33408

Mailing Address
326 SOUTHWIND COURT
NORTH PALM BEACH, FL 33408



01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0241881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGGINS, MARK C
326 SOUTHWIND COURT, #101
NORTH PALM BEACH FL, FL 33408

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUGGINS, MARK C
STREET ADDRESS 326 SOUTHWIND COURT, #101
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VPSD
NAME GROVE, EDWARD
STREET ADDRESS POST OFFICE BOX 2157
CITY-ST-ZIP LILBURN, GA 30048

TITLE D
NAME PASQUALE, ROBERT
STREET ADDRESS 323 S. PRINDLE AVENUE
CITY-ST-ZIP ARLINGTON HTS., IL 60004

TITLE T
NAME ~~MOONUCHEY, CARY~~ *Dominic D Angelo*
STREET ADDRESS 326 SOUTHWIND COURT, #202
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Dominic D Angelo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #