

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2005 08:00 AM
Secretary of State

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE T ☐ Delete
NAME D'ANGELO, DOMINIC
STREET ADDRESS 326 SOUTHWIND COURT, #206
CITY- ST- ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
1100000219856
02/08/05-80045-001 61.25

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

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

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☐ Change ☐ Addition
TITLE
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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)(f), 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

2-2-05

561-542-6848

Date

Daytime Phone #