

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 033 \*\*\*\*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**



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 (10/05)

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's signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 **SECRETARY** ☐ Delete  
NAME D'ANGELO, DOMINIC  
STREET ADDRESS 326 SOUTHWIND COURT, #202  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE **TREASURER** ☐ Delete  
NAME JOY BEST  
STREET ADDRESS 326 SOUTHWIND COURT #204  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

*Joy Best*

**JOY BEST**

**4-11-06**

**(561) 844-7375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #