

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 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**



02122008 No Chg-NP

CR2E037 (4/06)

**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**

B. 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000832451  
02/27/08-80059-018 61.25

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
D'ANGELO, DOMINIC  
326 SOUTHWIND CT #202  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BEST, JOY  
326 SOUTHWIND CT #204  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/08 (561)721-9696**  
Date Daytime Phone