

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90080 037 ****61.25

DOCUMENT # 752833

1. Corporation Name

SOUTHWEST RANCHES HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

5620 SW 164TH TRR
FT. LAUDERDALE FL 33331
US

Mailing Address

4720 SW 170 AVENUE
FT. LAUDERDALE FL 33331
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/06/1980

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FINK, MECCA
5620 SW 164TH TERR
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOLLAR, JOHNNY
STREET ADDRESS 17350 SW 46TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33331
☒ DELETE

TITLE VD
NAME FINK, MECCA
STREET ADDRESS 5620 SW 164TH TERR
CITY-ST-ZIP FT. LAUDERDALE FL 33331
☒ DELETE

TITLE SD
NAME CAHILL, ISOLDE
STREET ADDRESS 14641 MUSTANG TRL
CITY-ST-ZIP FT. LAUDERDALE FL 33330
☐ DELETE

TITLE TD
NAME KEHLER, ROLLY
STREET ADDRESS 4720 SW 170 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Fink, Mecca
1.3 STREET ADDRESS 5620 SW. 164th Terr
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33331
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Ed Preston
2.3 STREET ADDRESS 18530 S.W. 55 street
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33332
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

954-434-1746

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