

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

02-28-2007 90014 014 ****61.25

03-30-2007 90147 050 ****61.25

DOCUMENT # N00000004489

1. Entity Name
SOUTHWIND COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
~~1145 SAWGRASS CORP PKWY~~
~~SUNRISE, FL 33323~~

Mailing Address
~~1145 SAWGRASS CORP PKWY~~
~~SUNRISE, FL 33323~~

40046201

2. Principal Place of Business - No P.O. Box #
11784 W. Sample Rd
Suite, Apt. #, etc. #103

3. Mailing Address
11784 W. Sample Rd
Suite, Apt. #, etc. #103

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
US

Zip
33065

Country
US

02212007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1022515

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PHOENIX MANAGEMENT SERVICES
4780 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33315

7. Name and Address of New Registered Agent
Name
United Community Mgt. Corp.
Street Address (P.O. Box Number is Not Acceptable)
11784 W. Sample Rd, #103
City
Coral Springs FL Zip Code
33065

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 Denise Kattawalla U.P. Finance United Comm Mgmt 3/26/07
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP APPLE, BRIAN 3846 NW 90TH WAY SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEMPEMA, DIRK VAN 9143 NW 40TH PLACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Ives, Michelle <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9171 n.w. 40 street SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDALL, TONY 3951 NW 90TH WAY SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DESOUZA, CAROLINA 4027 NW 92ND AVE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Denise Kattawalla 3-22-07 954-554-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #