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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # N02579 (3)

1. Corporation Name

SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
327 SOUTHWIND DR. APT. 106 NORTH PALM BCH FL 33408 US	327 SOUTHWIND DR. APT. 106 NORTH PALM BCH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2799666 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Apt 104	Suite, Apt. #, etc. 27 Apt 104
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PICATAGGIO, SANDY 327 SOUTHWIND DR. APT. 106 N PALM BCH FL 33408	81 Name: Carmen Di Paolo 82 Street Address (P.O. Box Number is Not Acceptable): 327 Southwind Dr #307 83 84 City: n. Palm Bch FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PICATAGGIO, SANDY	1.2 NAME	Carmen Di Paolo
STREET ADDRESS	327 SOUTHWIND DR., APT. 106	1.3 STREET ADDRESS	327 SouthwindDr- Apt 307
CITY-ST-ZIP	N.PALM BCH. FL	1.4 CITY-ST-ZIP	n. Palm Bch Fla 33408
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	DIPAOLO, CARMINE	2.2 NAME	[illegible]
STREET ADDRESS	327 SOUTHWIND DR., APT. 307	2.3 STREET ADDRESS	[illegible]
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	[illegible]
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	NEFF, CAROLYN	3.2 NAME	marilyn Rabbitt
STREET ADDRESS	327 SOUTHWIND DRIVE #206	3.3 STREET ADDRESS	327 Southwind Dr #104
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	n. Palm Bch, Fla 33408
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, DOROTHY	4.2 NAME	
STREET ADDRESS	327 SOUTHWIND DR., SUITE 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marilyn Rabbitt — marilyn Rabbitt treasurer — 4078420820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048257