

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # **N02579** (3)  
1. Corporation Name  
**SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC.**



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

Mailing Address  
**327 SOUTHWIND DR.  
APT. 106  
NORTH PALM BCH FL 33408  
US**

3. Date Incorporated or Qualified  
**04/16/1984**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2799666**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21 327 Southwind Dr.,**  
Suite, Apt. #, etc.  
**22 Apt 307**  
City & State  
**23 North Palm Beach, FL**  
Zip  
**24 33408**

2a. Mailing Address  
**26 327 Southwind Dr.,**  
Suite, Apt. #, etc.  
**27 Apt 307**  
City & State  
**28 North Palm Beach, FL**  
Zip  
**29 33408**

Country  
**25 US**

Country  
**30 US**

## 9. Name and Address of Current Registered Agent

**PICATAGGIO, SANDY  
327 SOUTHWIND DR.  
APT. 106  
N PALM BCH FL 33408**

## 10. Name and Address of New Registered Agent

81 Name  
**Carmen DiPaolo**

82 Street Address (P.O. Box Number is Not Acceptable)  
**327 Southwind Dr.**

83 Apt 307

84 City  
**North Palm Beach**

85 Zip Code  
**FL 33408**

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 *Carmen DiPaolo*

(NOTE: Registered Agent signature required when reinstating)

3/14/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PICATAGGIO, SANDY	
STREET ADDRESS	327 SOUTHWIND DR., APT. 106	
CITY-ST-ZIP	N.PALM BCH. FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DIPAULO, CARMINE	
STREET ADDRESS	327 SOUTHWIND DR., APT. 307	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NEFF, CAROLYN	
STREET ADDRESS	327 SOUTHWIND DRIVE #206	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, DOROTHY	
STREET ADDRESS	327 SOUTHWIND DR., SUITE 204	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Carmen DiPaolo, PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	327 Southwind Dr., #307	
14 CITY-ST-ZIP	North Palm Beach, FL 33408	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Norman Verdun	
23 STREET ADDRESS	327 Southwind Dr., #101	
24 CITY-ST-ZIP	North Palm Beach, FL 33408	
31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Shirley Stephenson	
33 STREET ADDRESS	327 Southwind Dr. #202	
34 CITY-ST-ZIP	North Palm Beach, FL 33408	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Virginia A. Roseberry	
43 STREET ADDRESS	327 Southwind Dr., #102	
44 CITY-ST-ZIP	North Palm Beach, FL 33408	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(f), 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: *Carmen DiPaolo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 407-844-5031  
Date Daytime Phone #

CR2E037 (12/95)