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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

327 SOUTHWIND DR.
APT 307
NORTH PALM BCH FL 33408
US

327 SOUTHWIND DR.
APT 307
NORTH PALM BCH FL 33408-5361
US

3. Date Incorporated or Qualified
04/16/1984

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

22 SAME

27 SAME

23 SAME

28 SAME

24 SAME

29 SAME

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIPAOLLO, CARMEN
327 SOUTHWIND DR.
APT 307
N PALM BCH FL 33408

81 Name

NO CHANGE

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

NO CHANGE

84 City

NO CHANGE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIPAOLLO, CARMEN
STREET ADDRESS 327 SOUTHWIND DR APT 307
CITY-ST-ZIP N.PALM BCH. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP SAME

TITLE VPD
NAME VERDUN, NORMAN
STREET ADDRESS 327 SOUTHWIND DR APT 101
CITY-ST-ZIP NORTH PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP SAME

TITLE TD
NAME STEPHINSON, SHIRLEY
STREET ADDRESS 327 SOUTHWIND DR STE 202
CITY-ST-ZIP NORTH PALM BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP SAME

TITLE SD
NAME ROSEBERRY, VIRGINIA A
STREET ADDRESS 327 SOUTHWIND DR STE 102
CITY-ST-ZIP NORTH PALM BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040707

CR2E037 (9/96)