

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 307 NORTH PALM BCH FL 33408 US**
Mailing Address: **327 SOUTHWIND DR. APT 307 NORTH PALM BCH FL 33408 US**

3. Date incorporated or Qualified: **04/16/1984**
4. FEI Number: **59-2799666**
Applied For: Not Applicable:

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** 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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DIPAOLLO, CARMEN
327 SOUTHWIND DR.
APT 307
N PALM BCH FL 33408**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPAOLLO, CARMEN	1.2 NAME	
STREET ADDRESS	327 SOUTHWIND DR APT 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.PALM BCH. FL	1.4 CITY-ST-ZIP	SAME
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDUN, NORMAN	2.2 NAME	
STREET ADDRESS	327 SOUTHWIND DR APT 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	SAME
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPEHNSON, SHIRLEY	3.2 NAME	
STREET ADDRESS	327 SOUTHWIND DR STE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	SAME
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEBERRY, VIRGINIA A	4.2 NAME	
STREET ADDRESS	327 SOUTHWIND DR STE 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E037 (1097)