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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02579

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



2. Principal Place of Business

21 327 Southwind Dr.

Suite, Apt. #, etc.

22 Apt. 101

City & State

23 North Palm Beach, Fl.

Zip Country
 24 33408 25 US

2a. Mailing Address

26 327 Southwind Dr.

Suite, Apt. #, etc.

27 Apt. 101

City & State

28 North Palm Beach, Fl.

Zip Country
 29 33408 30 US

3. Date Incorporated or Qualified

04/16/1984

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

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 VERDUN, NORMAN

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

327 Southwind Dr.

83 Apt. 101

84 City North Palm Beach

FL 85 Zip Code 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 *Norman Verdun* Norman Verdun

January 12, 1999

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
 1.2 NAME VERDUN, NORMAN
 1.3 STREET ADDRESS 327 Southwind Dr. Apt. 101
 1.4 CITY-ST-ZIP N. Palm Beach, Fl. 33408

2.1 TITLE VPD ☒ Change ☐ Addition
 2.2 NAME CARVER, JAMES
 2.3 STREET ADDRESS 327 Southwind Dr. Apt 302
 2.4 CITY-ST-ZIP North Palm Beach, Fl. 33408

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

4.1 TITLE SD ☒ Change ☐ Addition
 4.2 NAME WHEELER, DOROTHY
 4.3 STREET ADDRESS 327 Southwind Dr. Apt. 204
 4.4 CITY-ST-ZIP North Palm Beach, Fl. 33408

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Norman Verdun* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 561-842-4212
 Date Daytime Phone #

CR2E037 (1/98)