

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02579

1. Entity Name

SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 11, 2000 8:00 am  
Secretary of State

03-22-2000 90188 021 \*\*\*61.25

Principal Place of Business

327 SOUTHWIND DR.  
APT 101  
NORTH PALM BCH FL 33408  
US

Mailing Address

327 SOUTHWIND DR.  
APT 101  
NORTH PALM BCH FL 33408-5361  
US

2. Principal Place of Business

327 SOUTHWIND DR

Suite, Apt. #, etc.

APT 201

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

3. Mailing Address

327 SOUTHWIND DR.

Suite, Apt. #, etc.

APT 201

City & State

N. PALM BCH, FL

Zip

33408

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2799666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERDUN, NORMAN  
327 SOUTHWIND DR.  
APT 101  
N PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name

JOHN MCGOVERN

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

327 SOUTHWIND DR. # 201

City

NORTH PALM BEACH FL

Zip Code

33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*John E. McGovern*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/2000

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VERDUN, NORMAN	
STREET ADDRESS	327 SOUTHWIND DR. APT. 101	
CITY-ST-ZIP	N. PALM BCH. FL 33408	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARVER, JAMES	
STREET ADDRESS	327 SOUTHWIND DR. APT. 302	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, SHIRLEY	
STREET ADDRESS	327 SOUTHWIND DR STE 202	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, DOROTHY	
STREET ADDRESS	327 SOUTHWIND DR. APT. 302	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MCGOVERN (D)	
STREET ADDRESS	327 SOUTHWIND DR. #201	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH CURRY (D)	
STREET ADDRESS	327 SOUTHWIND DR. #306	
CITY-ST-ZIP	NORTH PALM BEACH - FL 33408	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN FREARSON (D)	
STREET ADDRESS	327 SOUTHWIND DR. #304	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY HAYNES (D)	
STREET ADDRESS	327 SOUTHWIND DR. #303	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John E. McGovern* E. McGovern 3/18/2000 561-842-6002

Date

Daytime Phone #

CR2E037 (9/99)