2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 28, 2002 8:00 am § Secretary of State DOCUMENT # **N02579** 1. Entity Name 02-28-2002 90062 031 ****70.00 SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 327' SOUTHWIND DR. 327 SOUTHWIND DR. APT, 201 **APT 201** NORTH PALM BCH FL 33408 NORTH PALM BCH FL 33408 us, 2. Principal Place of Business 3. Mailing Address 327 Southwind Drive 327 Southwind Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For North Palm Beach, North Palm Beach, FL 59-2799666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ----33408 USA -33408 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDGAR M. CREAMER, JR. Street Address (P.O. Box Number is Not Acceptable) 202 CREAMER, EVELYN G. 327 SOUTHWIND DR. N PALM BCH FL 33408 NORTH PALM BEACH 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 2/13/2002 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. . JIITLE PD 🔀 Delete TITLE ☐ Addition NAME verdun. Norman NAME DEBRA CURRY STREET ADDRESS STREET ADDRESS 327 SOUTHWIND DRIVE # 101 327 SOUTHWIND DRIVE, UNIT 306 CITY-ST-ZIP CITY-ST-ZIP N.PALM BCH. FL 33408 NORTH PALM BEACH, FL 33408 VD. Delete TITLE Change Addition NAME CARVER, JIM NAME JANE WARD STREET ADDRESS 327 SOUTHWIND DRIVE # 302 STREET ADDRESS 327 SOUTHWIND DRIVE, UNIT 208 CITY-ST-ZIP وST-ZIP دCITY NORTH PALM BEACH FL 33408 NORTH=PAI:M=BEACH==F1==-33408 Delete TITLE Change Addition NAME CREAMER, EVELYN G EDGAR M. CREAMER. JR. STREET ADDRESS 327 SOUTHWIND DRIVE # 202 STREET ADDRESS 327 SOUTHWIND DRIVE, UNIT 202 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 NORTH PALM BEACH, FL 33408 Delete TITLE Change ☐ Addition NAME WHEELER, DOROTHY NAME MARGARET REYNOLDS STREET ADDRESS STREET ADDRESS 327 SOUTHWIND DRIVE # 204 327 SOUTHWIND DRIVE, UNIT 106 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 <u>NORTH PALM BEACH. FL</u> ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

2/13/2002 5615424143