

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 003 ****61.25

DOCUMENT # N02579

1. Entity Name

SOUTHWIND CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**327 SOUTHWIND DR.
NORTH PALM BCH FL 33408
US**

Mailing Address

**327 SOUTHWIND DR.
NORTH PALM BCH FL 33408
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2799666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CREAMER JR, EDGAR M
327 SOUTHWIND DR.
UNIT 202
N PALM BCH FL 33408**

7. Name and Address of New Registered Agent

Name **NORMAN D. VERDUN**

Street Address (P.O. Box Number is Not Acceptable)
327 SOUTHWIND DR. #101

City **N. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norman D. Verdun

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

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CURRY, DEBRA**
STREET ADDRESS **327 SOUTHWIND DRIVE UNIT 306**
CITY-ST-ZIP **N.PALM BCH. FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WARD, JANE**
STREET ADDRESS **327 SOUTHWIND DRIVE UNIT 208**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CREAMER JR, EDGAR M**
STREET ADDRESS **327 SOUTHWIND DRIVE # 202**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **TD** ☒ Change ☐ Addition
NAME **VERDUN, NORMAN D.**
STREET ADDRESS **327 SOUTHWIND DR. #101**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **SD** ☐ Delete
NAME **REYNOLDS, MARGARET**
STREET ADDRESS **327 SOUTHWIND DRIVE UNIT 106**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Norman D. Verdun

1-8-03

561-842-4212

CR2E037 (10/02)