

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **N10591**

1. Corporation Name
SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
1280 SOUTH POWERLINE RD **1280 SOUTH POWERLINE RD**
#25 **#25**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**
US **US**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/07/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-258 1835	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	STIRLING, ANN R	7634 ELMRIDGE DRIVE	BOCA RATON FL
VS	DUBERSTEIN, EDITH	7622 ELMRIDGE DRIVE	BOCA RATON FL
D	ROSENBERG, JULIUS	7629 CINEBAR DRIVE	BOCA RATON FL
D	WHALEN, JOANNE	7603 CINEBAR DR	BOCA RATON FL
TD	WURTZBURG, RAYMOND	7658 ELMRIDGE DRIVE	BOCA RATON FL

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DEVELOPMENT CONSULTANTS, INC. 2901 SIMMS ST. ATTN: ANDREW MEYROWITZ HOLLYWOOD FL 33020		Name: <i>G. Alan</i> Street Address (P.O. Box Number is Not Acceptable): <i>12/19/97</i> Suite, Apt. #, Etc.: City: <i>500002383775-5</i> State: <i>FL</i> Code: <i>0120</i> ZIP: <i>33025</i>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: *11/2/97*

THE REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Raymond Wurtzburg* Date: *11/21/97* Daytime Phone #: *979-6608*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)