

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10591

FILED
Feb 11, 2010
Secretary of State

Entity Name: SOUTHWINDS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
HOLLYWOOD, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATE SRVS. OF FL
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 59-2581835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKRBIN, GEORGE
C/O ASSOCIATE SRVS., OF FL
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOLON, STANLEY
Address: 7601 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D
Name: RAMER, ROBERT
Address: 7646 ELMRIDGE DR.
City-St-Zip: BOCA RATON, FL 33433

Title: S
Name: MITCHEL, TAMARA
Address: 7597 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: VP
Name: MANTON, STEPHEN
Address: 7595 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: T
Name: MELAMED, ROBERT
Address: 7659 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY SOLON

P

02/11/2010

Electronic Signature of Signing Officer or Director

_____ Date