## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10593

FILED Nov 13, 2008 Secretary of State

Entity Name: SOUTHWINDS AT BOCA POINTE CONDOMINIUM ASSOCIATION ONE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2035 HARDING STREET 10112 U.S.A. TODAY WAY MIRAMAR, FL 33025 #200

HOLLYWOOD, FL 33020

**Current Mailing Address: New Mailing Address:** 

10112 U.S.A. TODAY WAY 2035 HARDING STREET #200 MIRAMAR, FL 33025 HOLLYWOOD, FL 33020

FEI Number: 59-2581823 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEVELOPMENT CONSULTANTS INC ATTN: ANDREW MEYROWITZ 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020 US

ASSOCIATION SERVICES OF FLORIDA ATTN: BARBARA HERNDON 10112 U.S.A. TODAY WAY MIRAMAR, FL 33025 US

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: BARBARA HERNDON 11/13/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDD () Delete (X) Change ( ) Addition STERLING, ANN RITA RAMER, ROBERT Name: Name: 7634 ELMERIDGE Address: 7646 ELMRIDGE DRIVE Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete Title: (X) Change ( ) Addition MAZUR, BERNIE Name: MAZUR, BERNIE Name:

Address: 7638 ELMRIDGE DR Address: 7638 ELMRIDGE DRIVE City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

Title: VPD (X) Delete Title: () Change () Addition

RAMER, ROBERT Name: Name: 7646 ELMRIDGE DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT RAMER **OFFI** 11/13/2008