

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
Secretary of State**

DOCUMENT# N10593

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

**Current Principal Place of Business:**

10112 U.S.A. TODAY WAY  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

10112 U.S.A. TODAY WAY  
MIRAMAR, FL 33025

**New Mailing Address:**

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

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

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

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

SKRBIN, GEORIGE  
10112 USA 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: GEORGE SKRBIN

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: RAMER, ROBERT  
Address: 7646 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: STD ( ) Delete  
Name: MAZUR, BERNIE  
Address: 7638 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RAMER, ROBERT  
Address: 7646 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: S/T (X) Change ( ) Addition  
Name: MAZUR, BERNARD  
Address: 7638 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date