

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10593

FILED  
Jan 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1750 UNIVERSITY DRIVE  
SUITE # 205  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1750 UNIVERSITY DRIVE  
SUITE # 205  
CORAL SPRINGS, FL 33071

**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:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DRIVE  
SUITE # 205  
CORAL SPRINGS, FL 33071 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: RAMER, ROBERT DR  
Address: 7646 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: VP  
Name: SPIEGELMAN, DONALD  
Address: 7648 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: TD  
Name: KOPP, STEVE  
Address: 7590 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: SD  
Name: WULKAN, ESTER  
Address: 7608 ELMRIDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D  
Name: SACHS, HENRY  
Address: 7636 ELMRIDGE 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: DR. BOB RAMER

PD

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date