

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11229

FILED
Nov 13, 2008
Secretary of State

Entity Name: SOUTHWINDS AT BOCA POINTE CONDOMINIUM TWO, INC.

Current Principal Place of Business:

2035 HARDING STREET
#200
HOLLYWOOD, FL 33020

New Principal Place of Business:

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

Current Mailing Address:

2035 HARDING STREET
#200
HOLLYWOOD, FL 33020

New Mailing Address:

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

FEI Number: 59-2581830 **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:

DEVELOPMENT CONSULTANTS, INC.
2035 HARDING ST STE 200
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

ASSOCIATION SERVICES OF FLORIDA
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:

Title: P () Delete
Name: SOLON, STANLEY
Address: 7601 CINEBAR DR
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: MITCHELL, TAMARA
Address: 7609 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: STD () Delete
Name: COOPER, JOEL DR
Address: 7609 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MANTON, STEPHEN
Address: 7595 CINEBAR DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: STD (X) Change () Addition
Name: MITCHEL, TAMARA
Address: 7597 CINEBAR 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: STANLEY SOLON

PD

11/13/2008

Electronic Signature of Signing Officer or Director

Date