

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12000008617

FILED  
Nov 10, 2014  
Secretary of State

**Entity Name:** SOUTHWIND SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9935 ROYAL CARDIGAN WAY  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

3206 JOHNS PLACE  
PALM SPRINGS, FL 33461 US

**Current Mailing Address:**

9935 ROYAL CARDIGAN WAY  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

PO BOX 6527  
LAKE WORTH, FL 33466 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

POSNER, MICHAEL J  
4420 BEACON CIRCLE, SUITE 100  
WEST PALM BEACH, FL 33407 US

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

SCOCCO, CHRISTOPHER M  
3206 JOHNS PLACE  
PALM SPRINGS, FL 33461 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: CHRISTOPHER MICHAEL SCOCCO

11/10/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCOCCO, CHRISTOPHER M  
Address: 3206 JOHNS PLACE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: SD  
Name: OHME, SHELBY J  
Address: 3217 JOHNS PLACE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: TD  
Name: SCOCCO, CHRISTOPHER M  
Address: 3206 JOHNS PLACE  
City-St-Zip: PALM SPRINGS, FL 33461

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: CHRISTOPHER MICHAEL SCOCCO

PD

11/10/2014

Electronic Signature of Signing Officer or Director

Date