

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90718 031 ***158.75

DOCUMENT # P99000085501

1. Entity Name

MDC SOUTH WIND CORP.



Principal Place of Business

201 NORTH US HWY. 1, STE. D-5
JUPITER FL 33477

Mailing Address

201 NORTH US HWY. 1, STE. D-5
JUPITER FL 33477

2. Principal Place of Business

3501 PGA Blvd.

3. Mailing Address

3501 PGA Blvd.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0950186

Applied For

Not Applicable

Zip
33410

Country
Palm BEach

Zip
33410

Country
Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BLVD., STE. 1950
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MENIN, CRAIG I
201 NORTH U.S. HWY ONE, D-5
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JACOBY, ROBERT C
201 NORTH U.S HWY ONE D=5
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3501 PGA Blvd.
Suite 201
Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3501 PGA Blvd.
Suite 201
Palm BEach Gardens, FL 33410 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

 ☐ Change ☐ Addition

TITLE
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 ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

SG1-282-5000

Date

Daytime Phone #