

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 719711**

1. Entity Name

**CROSSWINDS COLONY CONDOMINIUM CORPORATION, INC.****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90005 002 \*\*\*\*61.25

Principal Place of Business

3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER FL 33762  
US

Mailing Address

3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER FL 33762-3389  
US

00012040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-1460961

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER FL ~~34622~~

Name

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

City

FL

Zip Code  
33762

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.

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	WILLIAMS, BARBARA	6960 20TH AVE N #307	ST PETERSBURG FL				
S	NORDEN, SONDR	6800 20TH AVE N #406	ST PETERSBURG FL				
D	FERNAUJST, REINA	6965-20 AVE N #301B	ST PETERSBURG FL 33710		FERNAUJST, REGINA		
TD	MATTESON, PEGGY	6960-20 AVE N. #207B	ST PETERSBURG FL 33710				
PD	GLACALONE, PHIL	6960 20TH AVE N #103	ST PETERSBURG FL				

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 617, 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

(Date)

Daytime Phone #