

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 7 PM 1:50

DOCUMENT # **733466** (7)

1. Corporation Name

CROSSWINDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9700 N.W. 26TH CT
SUNRISE FL 33322

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SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1975** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-1652379** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID WINN
9592 NW 28 PL
SUNRISE FL 33322

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WINN, DAVID
STREET ADDRESS 9592 NW 28TH PL
CITY-ST-ZIP SUNRISE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME DUNSAY, ESTHER M.
STREET ADDRESS 9825 NW 26TH PL
CITY-ST-ZIP SUNRISE, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME MCCARTHY, LAWRENCE
STREET ADDRESS 9636 NW 26TH PL
CITY-ST-ZIP SUNRISE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME WILLIAMS, ALVIN
STREET ADDRESS 9807 NW 26TH ST
CITY-ST-ZIP SUNRISE, FL 00000

4.1 TITLE Change Addition
4.2 NAME THERESA CRAWFORD
4.3 STREET ADDRESS 9826 NW 26TH PL
4.4 CITY-ST-ZIP SUNRISE FL 33322

TITLE D
NAME SACCO, LINDA
STREET ADDRESS 9806 NW 26TH ST
CITY-ST-ZIP SUNRISE, FL 00000

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Esther M. Dunsay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Esther M. Dunsay, Treasurer

3/28/95 (305)742-1443