

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **733466** (7)  
1. Corporation Name  
**CROSSWINDS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
9700 N.W. 26TH CT 9700 N.W. 26TH CT  
SUNRISE FL 33322 SUNRISE FL 33322

3. Date Incorporated or Qualified **07/29/1975** 3a. Date of Last Report **03/07/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1652379</b>	Not Applicable				
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>				
	City & State		City & State							
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country		Zip		Country			

9. Name and Address of Current Registered Agent

DAVID WINN  
9592 NW 26 PL  
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name **V.I.P. MANAGEMENT CORP.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2531 ARAGON BOULEVARD**  
83  
84 City **SUNRISE,** FL 85 Zip Code **33322**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *James P. Keller*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, DAVID	1.2 NAME	MORGAN, DAVID
STREET ADDRESS	9592 NW 26TH PL	1.3 STREET ADDRESS	9780 NW 26TH COURT
CITY-ST-ZIP	SUNRISE, FL 00000	1.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNSAY, ESTHER M.	2.2 NAME	
STREET ADDRESS	9825 NW 26TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, LAWRENCE	3.2 NAME	GERBER, MARTIN
STREET ADDRESS	9606 NW 26TH PL	3.3 STREET ADDRESS	9801 NW 26TH PLACE
CITY-ST-ZIP	SUNRISE, FL 00000	3.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, THERESA	4.2 NAME	SILVERIO, ROSE
STREET ADDRESS	9896 NW 26TH PL	4.3 STREET ADDRESS	9781 NW 26TH COURT
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCO, LINDA	5.2 NAME	
STREET ADDRESS	9606 NW 26TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(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

4/2/96 954-748-6182  
Date Daytime Phone #

CR2E037 (12/95)