

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733466** (7)  
1. Corporation Name  
**CROSSWINDS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>9700 N.W. 26TH CT SUNRISE FL 33322</b>	Mailing Address <b>9700 N.W. 26TH CT SUNRISE FL 33322-2734</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1975</b>		3a. Date of Last Report <b>04/15/1996</b>	
21		26		4. FEI Number <b>59-1652379</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>VIP MANAGEMENT CORP</b> <b>2531 ARAGON BLVD</b> <b>SUNRISE FL 33322</b>				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 617.0501 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 *[Signature]* DATE **2/2/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, D AVID	1.2 NAME	
STREET ADDRESS	9780 NW 26TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNSAY, ESTHER M.	2.2 NAME	TD KEENER, JEANETTE
STREET ADDRESS	9825 NW 26TH PL	2.3 STREET ADDRESS	9725 NW 26 CT #3
CITY-ST-ZIP	SUNRISE, FL 00000	2.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, MARTIN	3.2 NAME	P HALL, DEREK
STREET ADDRESS	9801 NW 26TH PLACE	3.3 STREET ADDRESS	9655 NW 26 CT #1
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	SILVERIO, ROSE	4.2 NAME	V, D
STREET ADDRESS	9781 NW 26TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S, D GALLAGHER, LINDA
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* **David A. Morgan** **2/2/97** (954) 975-4855

CR2E037 (9/96)