


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 9700 N.W. 26TH CT SUNRISE FL 33322 | Mailing Address 9700 N.W. 26TH CT SUNRISE FL 33322-2734 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/29/1975 | 3a. Date of Last Report 04/15/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|---|--|
| 4. FEI Number 59-1652379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**VIP MANAGEMENT CORP
2531 ARAGON BLVD
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.050 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

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MORGAN, D AVID | |
| STREET ADDRESS | 9780 NW 26TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | DUNSAY, ESTHER M. | |
| STREET ADDRESS | 9825 NW 26TH PL | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GERBER, MARTIN | |
| STREET ADDRESS | 9801 NW 26TH PLACE | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SILVERIO, ROSE | |
| STREET ADDRESS | 9781 NW 26TH COURT | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SACCO, LINDA | |
| STREET ADDRESS | 9606 NW 26TH ST | |
| CITY-ST-ZIP | SUNRISE, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | TD KEENER, JEANETTE |
| 2.3 STREET ADDRESS | 9725 NW 26 CT #3 |
| 2.4 CITY-ST-ZIP | SUNRISE, FL 33322 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D HALL, DEREK |
| 3.3 STREET ADDRESS | 9655 NW 26 CT #1 |
| 3.4 CITY-ST-ZIP | SUNRISE, FL 33322 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | V, D |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | S, D GALLAGHER, LINDA |
| 6.3 STREET ADDRESS | |
| 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** *[Signature]* **David A. Morgan** *[Signature]* **2/2/97** (954) 975-4055

CR2E037 (9/96)