

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 733466 (7)
 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**

3. Date Incorporated or Qualified: **07/20/1975**
 4. FEI Number: **59-1652379**
 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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

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 (81-85)
 81 Name: **Tracey Schmittman (VIP Management)**
 82 Street Address: **2531 Aragon Blvd**
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, JEANETTE	2.2 NAME	
STREET ADDRESS	9725 N.W. 26 COURT, #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DEREK	3.2 NAME	
STREET ADDRESS	9655 N.W. 26 COURT, #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERIO, ROSE	4.2 NAME	
STREET ADDRESS	9781 NW 26TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	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	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, LINDA	6.2 NAME	
STREET ADDRESS	9655 N.W. 26 COURT,	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	

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14. 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 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]* Pres. 1/6/98

CFR2E037 (10/97)