

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 046 ****61.25

0027274

DOCUMENT # 733466

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1652379	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent

VIP MANAGEMENT CORP. (TRACEY SCHNAITMAN)
2531 ARAGON BLVD
SUNRISE FL 33322

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

1/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MORGAN, D AVID	1.2 NAME	MORGAN, DAVID
STREET ADDRESS	9700 N.W. 26TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
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	
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	
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	SD	5.1 TITLE	
NAME	GALLAGHER, LINDA	5.2 NAME	
STREET ADDRESS	9655 N.W. 26 COURT,	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)