

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 042 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 733466
 1. Entity Name Homeowners Association, Inc
 Crosswinds HOA, Inc

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Sam Spinelli* TREAS DATE *4-7-00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
 TITLE NAME ☐ Delete
 PRESIDENT
 KIM HOWARD
 STREET ADDRESS 9806 NW 46 PL
 CITY-ST-ZIP SUNRISE, FL 33322
 TITLE NAME ☐ Delete
 VICE PRESIDENT
 DEREK HALL
 STREET ADDRESS P.O. BOX 450845
 CITY-ST-ZIP SUNRISE, FL 33345-0845
 TITLE NAME ☐ Delete
 SECRETARY
 WANNA NEWMAN
 STREET ADDRESS 9616 NW 26TH ST
 CITY-ST-ZIP SUNRISE, FL 33322
 TITLE NAME ☐ Delete
 TREASURER
 SAM SPINELLI
 STREET ADDRESS 9877 NW 26 PLACE
 CITY-ST-ZIP SUNRISE FL 33322

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
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 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam Spinelli* TREAS DATE *4-7-2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)