

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90044 024 \*\*\*\*61.25

**DOCUMENT # 733466**

1. Entity 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

3. Mailing Address

PO BOX 450504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 SUNRISE, FL

Zip

Country

Zip  
 33345

Country

4. FEI Number

59-1652379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**SAM SPINELLI**

Street Address (P.O. Box Number is Not Acceptable)

**9877 NW 26 PL**

City

**SUNRISE**

**FL**

Zip Code

**33322**

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 TID**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, DAVID 9700 N.W. 26TH CT SUNRISE FL 33322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENER, JEANETTE 9725 N.W. 26 COURT, #3 SUNRISE, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, DEREK 9655 N.W. 26 COURT, #1 SUNRISE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAGHER, LINDA 9655 N.W. 26 COURT, SUNRISE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINN, DAVE 9592 NW 26 PL SUNRISE FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID SPINELLI, SAM 9877 NW 26 PL SUNRISE FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID HALL, DEREK 9655 NW 26 COURT, #1 SUNRISE, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, CATHY 9846 NW 26 ST. SUNRISE FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACCO, LINDA 9606 NW 26 ST SUNRISE FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, ROBERT 9636 NW 26 PL SUNRISE, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)