## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 733466** 

Entity Name: CROSSWINDS HOMEOWNERS ASSOCIATION, INC.

FILED Mar 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9700 N.W. 26TH CT SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

PO BOX 450504 SUNRISE, FL 33345

FEI Number: 59-1652379 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPINELLI, SAM

9877 NW 26 PL

9847 NW 26 ST

SUNRISE, FL 33322 US SUNRISE, FL 33322 US

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: MICHAEL DUNN 03/24/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 WINN, DAVE
 Name:
 DUNN, MICHAEL

 Address:
 9592 NW 26 PL
 Address:
 9847 NW 26 ST

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 SUNRISE, FL 33322

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 SPINELLI, SAM
 Name:
 KORBA, HELAINE

 Address:
 9877 NW 26 PL
 Address:
 9826 NW 26 PL

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 SUNRISE, FL 33322

Title: D ( ) Delete Title: SD (X) Change ( ) Addition Name: SACCO, LINDA Name: SACCO, LINDA

 Address:
 9606 NW 26 ST
 Address:
 9606 NW 26 ST

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 SUNRISE, FL 33322

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 HALLORY, JÄROD
 Name:
 HALLORY, JÄROD

 Address:
 9637 NW 26 ST
 Address:
 9637 NW 26 ST

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:
 SUNRISE, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DUNN PD 03/24/2004