

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733466

FILED  
Mar 03, 2006  
Secretary of State

**Entity Name:** CROSSWINDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450504  
SUNRISE, FL 33345

**New Mailing Address:**

**FEI Number:** 59-1652379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNN, MICHAEL  
9847 NW 26 ST  
SUNRISE, FL 33322 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUNN, MICHAEL  
Address: 9847 NW 26 ST  
City-St-Zip: SUNRISE, FL 33322

Title: TD ( ) Delete  
Name: KORBA, HELAINE  
Address: 9826 NW 26 PL  
City-St-Zip: SUNRISE, FL 33322

Title: SD ( ) Delete  
Name: SACCO, LINDA  
Address: 9606 NW 26 ST  
City-St-Zip: SUNRISE, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: MCEACHERN, DEBRA  
Address: 9636 NW 26TH PLACE  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Change (X) Addition  
Name: WALSH, KIMBERLY  
Address: 9675 NW 26TH PLACE  
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 Chapter 119, 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

03/03/2006

Electronic Signature of Signing Officer or Director

Date