

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733466

FILED
Apr 06, 2009
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 333450504

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

Title: D () Delete
Name: WALSH, KIMBERLY
Address: 9675 NW 26TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: FORD, PATRICIA
Address: 9871 NW 26TH STREET
City-St-Zip: SUNRISE, FL 33322

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MIKE DUNN

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date