

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005693  
1. Corporation Name

Crosswinds Mobile Home Park

Principal Place of Business Mailing Address

4125 Park St. N. Sam  
St. Petersburg, Fl. 33709

3. Date Incorporated or Qualified **Nov. 17, 1994** 3a. Date of Last Report

4. FEI Number **59-1456110** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 Country 29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Jonathan James Damonte**

82 Street Address (P.O. Box Number is Not Acceptable) **12110 Seminole Blvd.**

83

84 City **Seminole** FL 85 Zip Code **33778**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *(Jonathan James) Damonte* DATE **26 MARCH 97**

12. OFFICERS AND DIRECTORS

TITLE P	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	William Hankel	4125 Park S. N. Lot 209	St. Petersburg, Fl. 33709	D
TITLE V	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Joe Charron	4125 Park St. N. Lot 544	St. Petersburg, Fl. 33709	D
TITLE D	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	William Ramsey	4125 Park St, N. Lot 10	St. Petersburg, Fl. 33709	D
TITLE S	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
	Marion Raecher	4125 Park St. N. Lot 742	St. Petersburg, Fl. 33709	D
TITLE T	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Peggy Keicher	4125 Park St. N. Lot 436	St. Petersburg, Fl. 33709	D
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	George Giles	4125 Park St. N. Lot 947	St. Petersburg, Fl. 33709	D/R
2.1 TITLE 1stV	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Joe Charron	4125 Park St. N. Lot 544	St. Petersburg, Fl. 33709	D/V
3.1 TITLE 2ndV	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Charles Lancaster	4125 Park St. N. Lot 404	St. Petersburg, Fl. 33709	D/V
4.1 TITLE S	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Eva Twitchell	4125 Park St. N. Lot 137	St. Petersburg, Fl. 33709	D/S
5.1 TITLE T	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Peggy Keicher	4125 Park St. N. Lot 436	St. Petersburg, Fl. 33709	D/K
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		800002129398	-04/01/97--01006--005	***61.25

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peggy Keicher* DATE: **2-18-97** DAYTIME PHONE #: **813 544-7770**

CR2E037 (9/96)

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