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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005693 (6)
 1. Corporation Name
CROSSWINDS MOBILE HOME PARK, INC.



Principal Place of Business 4125 PARK ST N. ST. PETERSBURG FL 33709	Mailing Address 4125 PARK ST N. ST. PETERSBURG FL 33709
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3. Date Incorporated or Qualified 11/17/1994	
4. FEI Number 59-1456110	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DAMONTE, JONATHAN J
12110 SEMINOLE BLVD
SEMINOLE FL 33778

10. Name and Address of New Registered Agent
81 Name **DiVito & Higham, P. A.**
82 Street Address (P.O. Box Number is Not Acceptable) **4514 Central Ave.**
83
84 City **St. Petersburg, FL FL** **85 Zip Code** **33711**

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 *Joseph A. DiVito* **4-23-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	GALES, GEORGE <input checked="" type="checkbox"/> DELETE
NAME	4125 PARK ST N. LOT 947
STREET ADDRESS	ST. PETERSBURG FL 33709
CITY-ST-ZIP	
TITLE DV	CHARRON, JOE <input checked="" type="checkbox"/> DELETE
NAME	4125 PARK ST N. LOT 544
STREET ADDRESS	ST. PETERSBURG FL 33709
CITY-ST-ZIP	
TITLE DV	LANCASTER, CHARLES <input checked="" type="checkbox"/> DELETE
NAME	4125 PARK ST N. LOT 404
STREET ADDRESS	ST. PETERSBURG FL 33709
CITY-ST-ZIP	
TITLE DS	TWITCHELL, EVA <input checked="" type="checkbox"/> DELETE
NAME	4125 PARK ST N. LOT 137
STREET ADDRESS	ST. PETERSBURG FL 33709
CITY-ST-ZIP	
TITLE DT	KEICHER, PEGGY <input checked="" type="checkbox"/> DELETE
NAME	4125 PARK ST N. LOT 438
STREET ADDRESS	ST. PETERSBURG FL 33709
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Pope, Lawrence D
1.3 STREET ADDRESS 4125 Park St., N., #523
1.4 CITY-ST-ZIP St. Petersburg, FL 33709
2.1 TITLE First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Twitchell, Eva D
2.3 STREET ADDRESS 4125 Park St., N., #137
2.4 CITY-ST-ZIP St. Petersburg, FL 33709
3.1 TITLE Second Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Akehurst, Herbert D
3.3 STREET ADDRESS 4125 Park St., N., #139
3.4 CITY-ST-ZIP St. Petersburg, FL 33709
4.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Waletkus, Beverly D
4.3 STREET ADDRESS 4125 Park St., N., #424
4.4 CITY-ST-ZIP St. Petersburg, FL 33709
5.1 TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Merk, Anita D
5.3 STREET ADDRESS 4125 Park St., N., #727
5.4 CITY-ST-ZIP St. Petersburg, FL 33709
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. A. POPE* **4-23-98**

CR2E037 (10/97)