FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005693

. 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

FILED Apr 19, 1999 8:00 am § Secretary of State

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2. Principal P	Place of Business 2a. Mailing Address			3. Date Incorporated or Qualified						
21		26	6			11/17/1994 4. FEI Number Applied For				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number				
22		27				59-1456110			Applicable	
City & Stat	State City & State				5. Certifcate of	Status Desired		\$8.75 A		
28								Fee Re		
Zip	Country	Zip	Count	ry	6. Election Campaign Financing			\$5.00		
24 25 29 30			<u> </u>		Trust Fund Contribution Added to Fees					
Name and Address of Current Registered Agent				.1	10. Name and Address of New Registered Agent					
				1 Name BA	ARBARA G.	LEONARD	, LO	CAM		
DIVITO & HIGHAM, P.A.				2 Street Addr	ress (P.O. Box Numi	per is Not Accepta	ble)			
4514 CENTRAL AVE				Street Address (P.O. Box Number is Not Acceptable) CROSSWINDS MOBILE HOME PARK, INC.						
ST. PETERSBURG FL 33711				4125 PARK STREET NORTH						
OI. I ETENOBORIO I E 307 FT				84 City 85 Zip Code						
				, s	ST. PETER			L 337	709	
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 ubligations of Section 617.0503, Florida Statutes.										
									49	
SIGNATURE	Signature, typed or printed name of registered agent a	gistered Ag	ent signature require		w and	DATE	vi u	/ 		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/C	HANGES TO OF	FICERS			
TITLE	PD	☐ DELETE	1.1 TITLE	τ.	/PD			Change	☐ Addition	
NAME	POPE, LAWRENCE		1.2 NAM							
STREET ADDRESS	4125 PARK ST. N., #523		1.3 STRE	ET ADDRESS					ì	
CITY-ST-ZIP	ST. PETERSBURG FL 33709		1.4 CITY	ST-ZIP						
TITLE	1VPD	☐ DELETE	2.1 7177.1					x Change	Addition	
NAME	TWITCHELL, EVA		2.2 NAM		עי				1	
STREET ADDRESS	4125 PARK ST. N., #137		2.3 STRE	ET ADDRESS					1	
CITY-ST-ZIP	ST. PETERSBURG FL 33709		2. 4 CITY							
TITLE	2VPD	☐ DELETE	3.1 TITLE					☐ Change	Addition	
NAME	AKEHURST, HERBERT	_	3.2 NAM	.						
STREET ADDRESS	4125 PARK ST. N., #139			ET ADDRESS						
	ST. PETERSBURG FL 33709		3.4. CITY							
CITY-ST-ZIP	TD	☐ DELETE	4.1 TITLE			-		∑ Change	Addition	
NAME	· •		4. 2 NAM		ast DOUG	DEVENTS	τ	//	المماعة	
	WALETKUSL, BEVERLY			ET ADDRESS	VALETKUS,	BEVEKTA	ь.	(Correc	tion)	
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			j						
CITY-ST-ZIP	ST. PETERSBURG FL 33709	☐ DELETE	4.4 CITY 5.1 TITLE					☐ Change	Addition	
TITLE	SD AND AND AND AND AND AND AND AND AND AN		5.2 NAM			, *e2	1 7.	, C		
NAME	MERK, ANITA	,	i i	ET ADDRESS	•	•				
STREET ADDRESS	4125 PARK ST. N., #727	5 19 19 19 19 19 19 19 19 19 19 19 19 19	5.4 CITY	. , ,				· 1	-	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	☐ DELETÉ	6.1 TITLE					☐ Change	Addition	
TITLE		□ pereie	6.2 NAM	į						
NAME				i						
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP	certify that the information supplied with	All the second s	6.4 CITY		0	Flexida Ctatutes	further	andifu that the in	formation	
15. I herehy r	diw ballonus notemanti ent tent with	this taing goes not quality for the	e exem	mon siated in 1	38CUON 119.07(3)(1).	FIGURE STATULES.		ceiuiv uiai uie ii	IIVIIII III III III	

4. 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, with all giher like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-546-8214 Daytime Phone #

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