


FILED
Apr 20, 2004 8:00 am
Secretary of State

03-31-2004 90011 012 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9480005693			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1456110		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Registered Agent MISLASER, GENEVA 4125 APRK ST N 1028 ST. PETERSBURG, FL 33709		7. Name and Address of New Registered Agent Name: <u>GAIL CAMERON</u> Street Address (P.O. Box Number is Not Acceptable): <u>4125 PARK ST N</u> <u>ST PETERSBURG</u> City: <u>FL</u> Zip Code: <u>33709</u>	
8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Gail Cameron</u>		SIGNATURE <u>GAIL CAMERON</u> PRESIDENT 3/24/04	

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9. Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONWAY, SHIRELY		NAME	SHIRLEY CONWAY	
STREET ADDRESS	4125 PARK ST N #525		STREET ADDRESS	4125 PARK ST N	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERK, ANITA		NAME	GAIL CAMERON	
STREET ADDRESS	4125 PARK ST N #727		STREET ADDRESS	4125 PARK ST N	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	JEAN HAYES 1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILES, GEORGE		NAME	JEAN HAYES 1VPD	
STREET ADDRESS	4125 PARK ST. N., #947		STREET ADDRESS	4125 PARK ST N	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMERON, GAIL		NAME	MANNISTER WULFF	
STREET ADDRESS	4125 PARK ST N. #229		STREET ADDRESS	4125 PARK ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL		CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ALLAN		NAME		
STREET ADDRESS	4125 PARK ST. N., #104		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

I hereby certify that the information supplied in this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental information 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 of the corporation; and that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit of the person who is authorized to execute this report or other like empowered.

Gail Cameron GAIL CAMERON 4/8/04 727-544-7770