


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90002 011 \*\*\*\*70.00

**DOCUMENT # N94000005693**

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**

**20060990**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1456110</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CAMERON, GAIL                  4125 APRK ST N                  ST. PETERSBURG, FL 33709</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CONWAY, SHIRLEY			NAME	Banks, Eileen		
STREET ADDRESS	4125 PARK ST N			STREET ADDRESS	4125 Park St N		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP	ST Petersburg FL 33709		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMERON, GAIL			NAME			
STREET ADDRESS	4125 PARK ST N			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP			
TITLE	1VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, JEAN			NAME			
STREET ADDRESS	4125 PARK ST N			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WULFF, MANNISTER			NAME			
STREET ADDRESS	4125 PARK ST N			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP			
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., #1048			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			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gail Cameron Gail Cameron* **6/30/05 727-544-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #