

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005693

FILED
Feb 05, 2009
Secretary of State

Entity Name: CROSSWINDS MOBILE HOME PARK, INC.

Current Principal Place of Business:

4125 PARK ST N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4125 PARK ST N.
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-1456110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMERON, GAIL
4125 APRK ST N
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BANKS, EILEEN
Address: 4125 PARK ST N
City-St-Zip: ST. PETERSBURG, FL 33709

Title: P () Delete
Name: CAMERON, GAIL
Address: 4125 PARK ST N
City-St-Zip: ST. PETERSBURG, FL 33709

Title: 1VD () Delete
Name: HAYES, JEAN
Address: 4125 PARK ST N
City-St-Zip: ST. PETERSBURG, FL 33709

Title: T () Delete
Name: WULFF, MANNISTER
Address: 4125 PARK ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: 2VPD () Delete
Name: NELSON, ALLAN
Address: 4125 PARK ST. N., #1048
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FORRESTER, GLENYS
Address: 4125 PARK ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: 2VPD (X) Change () Addition
Name: RAECHER, MARIAN
Address: 4125 PARK ST. N., #1048
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CAMERON

_____ Electronic Signature of Signing Officer or Director

PRES

02/05/2009

_____ Date