

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005693

FILED
Mar 08, 2010
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 ()

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:

SCHRODER, BRETT
4125 PARK ST N
ST. PETERSBURG, FL 33709 US

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: BRETT SCHRODER

03/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: COLLIE, LOLA
Address: 4125 PARK ST N # 647
City-St-Zip: ST. PETERSBURG, FL 33709

Title: P
Name: O'DONNELL, GEORGE
Address: 4125 PARK ST N # 636
City-St-Zip: ST. PETERSBURG, FL 33709

Title: 1VD
Name: CAREY, JIM
Address: 4125 PARK ST N # 422
City-St-Zip: ST. PETERSBURG, FL 33709

Title: T
Name: FORRESTER, GLENYS
Address: 4125 PARK ST N # 447
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: 2VPD
Name: WILDS, SHERRY
Address: 4125 PARK ST. N., #3A
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby 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 all other like empowered.

SIGNATURE: LOLA COLLIE

S

03/08/2010

Electronic Signature of Signing Officer or Director

Date