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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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DIVISION OF CORPORATIONS

1997

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CROSSWINDS HANGAR CONDOMINIUM ASSOCIATION, INC.

161 BEVILLE ROAD 681 SUITE 206 SUIT		Mailing Address	•		AL MEIN MAIN MINIS AND
		681 BEVILLE ROAD SUITE 206 SOUTH DAYTONA FL 32119-1957			
				3. Date incorporated or Qualified 09/06/1996	3a. Date of Last Report
-	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
1		26	· · · · · · · · · · · · · · · · · · ·	59-3437633	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
4	25	29	30		Yes No
	9, Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Re	gister#o Agent
PA1 & 4FF	TO CHARTE OFFICE INC		OI IVANINO		
	TO CHARTER SERVICES, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
	ANOLIA AVENUE		83		
DATION	IA BEACH FL 32018				
			84 City		85 Zip Code
11. Pursuan	to the provisions of Sections 617.0502	and 617 1508, Florida Stati	ites the above-named cor	poration submits this statement for the p	purpose of changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as registered
agent. i	am familiar with, and accept the obliga	tions of, Section 6 (7.0503, F	iorida Statutes.		Company of the Company
		· · · · · · · · · · · · · · · · · · ·	and the second s		The state of the s
SIGNATURE	Signature typed or printed name of registered agen	t and little if applicable. (NC	OTE: Registered Agent algorature requi	ked when reinstating)	DATE
SIGNATURE	Signature typed or printed name of registered agen OFFICERS AND		OTE: Registered Agent signature requi	wed when reinstating) ADDITIONS/CHANGES TO OFFIC	
12.	Signature typed or printed name of registered agen				
	Signature typed or printed name of registered agen OFFICERS AND	DIRECTORS	13.		DERS AND DIRECTORS IN 12
12. TITLE	Signature typed or printed name of registered agen OFFICERS AND D HARPER, TERRY 661 BEVILLE ROAD, SUITE 206	DIRECTORS DELETE	13. 1.1 TITLE		CERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered agen OFFICERS AND D HARPER, TERRY	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D HARPER, TERRY 661 BEVILLE ROAD, SUITE 206 SOUTH DAYTONA FL 32119	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12 Change Addition
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