


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004643 (0)**  
1. Corporation Name  
**CROSSWINDS HANGAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>661 BEVILLE ROAD SUITE 206 SOUTH DAYTONA FL 32119</b>	Mailing Address <b>661 BEVILLE ROAD SUITE 206 SOUTH DAYTONA FL 32119</b>
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3. Date Incorporated or Qualified <b>09/06/1996</b>	
4. FEI Number <b>59-3437633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>21 BEECH BLVD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>21 BEECH BLVD.</b> Suite, Apt. #, etc.
22 City & State 23 <b>DAYTONA BEACH, FLORIDA</b>	27 City & State 28 <b>DAYTONA BEACH, FLORIDA</b>
24 Zip <b>32124</b>	25 Country <b>USA</b>
29 Zip <b>32124</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>PALMETTO CHARTER SERVICES, INC. 180 MAGNOLIA AVENUE DAYTONA BEACH FL 32018</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARPER, TERRY</b> <b>661 BEVILLE ROAD, SUITE 206</b> <b>SOUTH DAYTONA FL 32119</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>OLSON, NANCY L</b> <b>2886 RICKENBACKER TRAIL</b> <b>DAYTONA BEACH, FL 32124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UPCHURCH, PAUL</b> <b>661 BEVILLE ROAD, SUITE 206</b> <b>SOUTH DAYTONA FL 32119</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>UPCHURCH, PAUL</b> <b>21 BEECH BLVD.</b> <b>DAYTONA BEACH, FL 32124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLOTSON, MARGO</b> <b>661 BEVILLE ROAD, SUITE 206</b> <b>SOUTH DAYTONA FL 32119</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>HARPER, TERRY</b> <b>21 BEECH BLVD.</b> <b>DAYTONA BEACH, FL 32124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CRE037 (10/97)