

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004643

1. Entity Name  
**CROSSWINDS HANGAR CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90082 016 \*\*\*\*61.25

Principal Place of Business  
**100 CESSNA BLVD.  
SUITE A  
DAYTONA BEACH FL 32124  
US**

Mailing Address  
**100 CESSNA BLVD.  
SUITE A  
DAYTONA BEACH FL 32124  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3437633**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BAUMANN, KARLA  
100 CESSNA BLVD STE A  
DAYTONA BEACH FL 32124**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **STURM, DON**  
STREET ADDRESS **100 CESSNA BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124 32128**

TITLE **TD** ☐ Delete  
NAME **ATWOOD, JIM**  
STREET ADDRESS **100 CESSNA BLVD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124 32128**

TITLE **SD** ☐ Delete  
NAME **BAUMANN, KARLA**  
STREET ADDRESS **100 CESSNA BLVD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32124 32128**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **EDWARD BEERS**  
STREET ADDRESS **100 CESSNA BLVD**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **KARLA BAUMANN** (386) 1-23-02 760-5884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)