

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# N96000004643

Entity Name: CROSSWINDS HANGAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

212-1 CESSNA BLVD
DAYTONA BEACH, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

212-1 CESSNA BLVD
DAYTONA BEACH, FL 32128 US

New Mailing Address:

FEI Number: 59-3437633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, KARLA
212-1 CESSNA BLVD
DAYTONA BEACH, FL 32128 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: SD () Delete
Name: BAUMANN, KARLA
Address: 212-1 CESSNA BLVD
City-St-Zip: DAYTONA BEACH, FL 32124

Title: DV () Delete
Name: BEERS, EDWARD
Address: 212-1 CESSNA BLVD
City-St-Zip: DAYTONA BEACH, FL 32128

Title: PD () Delete
Name: OHLSSON, PATRICIA
Address: 212-1 CESSNA BLVD
City-St-Zip: DAYTONA BLVD, FL 32128

Title: D () Delete
Name: KONGER, ALFRED
Address: 212-1 CESSNA BLVD
City-St-Zip: DAYTONA BEACH, FL 32128

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA OHLSSON

P

01/09/2004

Electronic Signature of Signing Officer or Director

Date