

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719711

Entity Name: CROSSWINDS COLONY CONDOMINIUM CORPORATION, INC.**FILED**
Jan 02, 2020
Secretary of State
3393241902CC**Current Principal Place of Business:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N., SUITE 100
ST.PETERSBURG, FL 33716**Current Mailing Address:**FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N., SUITE 100
ST.PETERSBURG, FL 33716 US**FEI Number: 59-1460961****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANG, NICK
1964 BAYSHORE BLVD
SUITE A
DUNEDIN, FL 34698 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: NICK LANG****01/02/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TUCKER, DAVID
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	DIRECTOR
Name	MUSABELLI, LORENC
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	TREASURER
Name	PETTY, AIMEE
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	SECRETARY
Name	NICHOLSON, SHIRLEY
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

Title	TREASURER
Name	MATTESON, BOBBY
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DR N., SUITE 100
City-State-Zip:	ST.PETERSBURG FL 33716

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: DAVID TUCKER**PRESIDENT****01/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date