

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733466

Entity Name: CROSSWINDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9700 N.W. 26TH CT
SUNRISE, FL 33322

Current Mailing Address:

C/O KB2 MANAGEMENT LLC
PO BOX 869
LOXAHATCHEE, FL 33470 US

FEI Number: 59-1652379

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNN, MICHAEL
9847 NW 26 ST
SUNRISE, FL 33322 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name DUNN, MICHAEL
Address 9847 NW 26 ST
City-State-Zip: SUNRISE FL 33322

Title VP
Name KORBA, HELAINE
Address 9826 NW 26 PL
City-State-Zip: SUNRISE FL 33322

Title SD
Name SACCO, LINDA
Address 9606 NW 26 ST
City-State-Zip: SUNRISE FL 33322

Title TREASURER
Name FORD, PATRICIA
Address 9871 NW 26TH STREET
City-State-Zip: SUNRISE FL 33322

Title DIRECTOR
Name PALLOTTA, PETER
Address 9857 NW 26TH STREET
City-State-Zip: SUNRISE FL 33322

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: MICHAEL DUNN

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date