

2016 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	TD
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	DVP
Name	FORD, PATRICIA
Address	9871 NW 26TH STREET
City-State-Zip:	SUNRISE FL 33322

Title	DIRECTOR
Name	LOSIER, MICHELLE M
Address	9481 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****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date