

**2020 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**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date