## 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9400005693

Entity Name: CROSSWINDS MOBILE HOME PARK, INC.

**FILED** Mar 09, 2017 **Secretary of State** CC8085258908

## **Current Principal Place of Business:**

4125 PARK ST N.

ST. PETERSBURG, FL 33709

## **Current Mailing Address:**

4125 PARK ST N.

ST. PETERSBURG, FL 33709

FEI Number: 59-1456110 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCNAUGHTON, JOHN 4125 PARK STREET N

ST. PETERSBURG, FL 33709 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: JOHN MCNAUGHTON 03/09/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title DIRECTOR

Name ROY, SUZANNE Name EICHER, BETTY

Address 4125 PARK STEET N Address 4125 PARK STREET N

City-State-Zip: ST. PETERSBURG FL 33709 City-State-Zip: ST. PETERSBURG FL 33709

Title **PRESIDENT** Title **TREASURER** 

Name CHARRON, THERESA Name FORRESTER, GLENYS

4125 PARK STREET N 4125 PARK STREET N Address Address

ST. PETERSBURG FL 33709 City-State-Zip:

City-State-Zip: SAINT PETERSBURG FL 33709

Title VΡ

Name DONNELLY, ROBERT 4125 PARK ST N. Address

ST. PETERSBURG FL 33709 City-State-Zip:

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: THERESA CHARRON

Electronic Signature of Signing Officer/Director Detail

**PRES** 

03/09/2017