

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005693

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC0331912307**

**Entity Name:** CROSSWINDS MOBILE HOME PARK, INC.

**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

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ROY, SUZANNE  
Address 4125 PARK STEET N  
413  
City-State-Zip: ST. PETERSBURG FL 33709

Title DIRECTOR  
Name EICHER, BETTY  
Address 4125 PARK STREET N  
624  
City-State-Zip: ST. PETERSBURG FL 33709

Title PRESIDENT  
Name CHARRON, THERESA  
Address 4125 PARK STREET N  
City-State-Zip: ST. PETERSBURG FL 33709

Title TREASURER  
Name FORRESTER, GLENYS  
Address 4125 PARK STREET N  
447  
City-State-Zip: SAINT PETERSBURG FL 33709

Title VP  
Name MCNAUGHTON, ROBERT  
Address 4125 PARK STREET N  
301  
City-State-Zip: ST. PETERSBURG FL 33709

*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

PRES

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date