


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90232 047 ****61.25

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|--|--|---|--|--|--|
| DOCUMENT # 705046 1. Entity Name CROSSWINDS APARTMENTS INC | | | |  | |
| Principal Place of Business C/O LIGHTHOUSE PROPERTY MANAGMENT 1300 N. OCEAN BLVD. POMPANO BEACH, FL 33062 US | | | Mailing Address C/O LIGHTHOUSE PROPERTY MANAGMENT 1300 N. OCEAN BLVD. POMPANO BEACH, FL 33062 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 2771 Treasure Cove Circle | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04242008 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State Fort Lauderdale, FL | | 4. FEI Number 59-1032693 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHAPIRO, PAUL 2771 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE <u>Paul Shapiro</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>4/25/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete BLEVINS, OAKLEY 1300 N OCEAN BLVD #310 POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Ghassan AbuJaber 1300 N. Ocean Blvd. 109 Pompano Beach FL 33062 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete FARRELL, PATRICK J 1300 OCEAN BLVD #304 POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President John Thomas 1300 N. Ocean Blvd. 203 Pompano Beach FL 33062 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete REDMAN, JEANNIE 1300 N OCEAN BLVD 204 POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Tammie Sador 1300 N. Ocean Blvd. 110 Pompano Beach FL 33062 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete MCDONALD, FRAN 1300 N OCEAN BLVD #211 POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Cheryl Deat 575 Moose Crossing Rd. Gallatin Gateway, MT 59738 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SOLMAN, LAUREN 1300 N OCEAN BLVD #102 POMPANO BEACH, FL 33062 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Molly Best 1300 N. Ocean Blvd. 705 Pompano Beach, FL 33062 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>G. A. Jaber, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>4-28-08</u> <small>Daytime Phone #</small> | |