2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

DOCUMENT# 705046

Entity Name: CROSSWINDS APARTMENTS INC

Current Principal Place of Business:

USA MANAGMENT
1300 N. OCEAN BLVD.
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

2771 TREASURE COVE CIRCLE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-1032693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, PAUL
2771 TREASURE COVE CIRCLE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DVP
Name: BLEVINS, CHERYL
Address: 1300 N OCEAN BLVD, #310
City-St-Zip: POMPANO BEACH, FL 33062

Title: D
Name: GOEBEL, SUE
Address: 8467 SAND POINT WAY
City-St-Zip: INDIANAPOLIS, I 46240

Title: DT
Name: MCDONALD, FRAN
Address: 1300 N OCEAN BLVD, #211
City-St-Zip: PO0MPANO BEACH, FL 33062

Title: DP
Name: DEATS, CHERYL
Address: 575 MOOSE CROSSING RD.
City-St-Zip: GALLATIN GATEWAY, MT 59730

Title: DVPS
Name: ENGSKOW, JOAN
Address: 2709 OAK TREE DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

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: CHERYL DEATS P 04/23/2010

Electronic Signature of Signing Officer or Director Date