

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 026 ****61.25

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DOCUMENT # 719711 1. Entity Name CROSSWINDS COLONY CONDOMINIUM CORPORATION, INC.					
Principal Place of Business 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762 US			Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1460961				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 34622			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DS		TITLE	FRANK CUTTER	
NAME	MILE, KRISTE Q <input checked="" type="checkbox"/> Delete		NAME	1900 68 STREET N.	
STREET ADDRESS	6960 20TH AVENUE NORTH		STREET ADDRESS	ST. PETERSBURG, FL 33710	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE		
NAME	MATTESON, PEGGY		NAME		
STREET ADDRESS	6960-20 AVE N. #207B		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE		
NAME	GLACALONE, PHIL		NAME		
STREET ADDRESS	6960 20TH AVE N #103		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	BURTON, DORTHY		NAME		
STREET ADDRESS	6960 20TH AVE N #102		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	BURTON, EARL		NAME		
STREET ADDRESS	6960 20TH AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: 3/4/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 727 347-7260		

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