

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90028 033 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 753726</b><br>1. Entity Name<br><b>CROSSWINDS PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br>9041 BAYWOOD PK DR<br>SEMINOLE, FL 33777 US   |   |  | Mailing Address<br>9041 BAYWOOD PK DR<br>SEMINOLE, FL 33777 US   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 4. FEI Number<br><b>59-2295372</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |  |
| ROTH, THOMAS R<br>9041 BAYWOOD PARK DR<br>SEMINOLE, FL 33777   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ACOSTA, DR ROMEO<br>6700 CROSSWINDS DR #100A<br>ST PETERSBURG, FL       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>Dr Michael Insoft<br>6700 Crosswinds Dr #300-B<br>St Petersburg FL   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>DERUSSY, DR DNIEL<br>6700 CROSSWINDS DR., #400-C<br>ST PETERSBURG, FL   | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>DR Alfred Tennant<br>6700 Crosswinds Dr #100-C<br>St Petersburg FL   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>KAINEY, DR. THOMAS<br>6700 CROSSWINDS DR., #300-B<br>ST. PETERSBURG, FL | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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>Romeo Acosta MD</u> <u>Romeo Acosta</u> <u>2/19/07</u> <u>727 3970944</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |  |