FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766861 (9)

1. Corporation Name
EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BEACON PROPERTY MGMT. 7 BOCA RATON FL 33432 US	1 N. OCEAN BLVD. 7 BOCA RATON FL 33432 US

3. Date Incorporated or Qualified: 02/07/1983
3a. Date of Last Report: 04/06/1995

2. Principal Place of Business
21 1850 Homewood Blvd
22 Suite, Apt. #, etc.
23 City & State: Delray Beach, FL.
24 Zip: 33445 25 Country

2a. Mailing Address
26 500 E. Spanish River Blvd.
27 #18
28 City & State: Boca Raton, Fl.
29 Zip: 33431 30 Country

4. FEI Number: 59-2259661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIS, ERNEST W
C/O BEACON, PROPERTY MANAGEMENT, INC,
1 N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Ernest W. Willis
82 Street Address (P.O. Box Number is Not Acceptable): Beacon Property Mgmt.
83 500 E. Spanish River Blvd. #18
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) ERNEST W. WILLIS — DATE: 4-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GONSALVES, LENNY	
STREET ADDRESS	1850 HOMEWOOD BLVD. #213	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	☐ DELETE
NAME	MAYERSTEIN, NATHAN	
STREET ADDRESS	1850 HOMEWOOD BLVD. #503	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	☐ DELETE
NAME	MCCRENSKY, MARY	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VPD	☐ DELETE
NAME	REYNOLDS, MILTON	
STREET ADDRESS	1850 HOMEWOOD BLVD., #509	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	☐ DELETE
NAME	PENMAN, ROBERT	
STREET ADDRESS	1850 HOMEWOOD BLVD., #1515	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Nathan Mayerstein, Pres. 272-7453 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #