SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # 766861 (9)

1. Corporation Name

EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1850 HOMEWOOD BLVD DELRAY BEACH FL 33445 US	500 E. SPANISH RIVE RBLVD SUITE 18 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 02/07/1983

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 500 NE Spanish River Blvd.
22 Suite, Apt. #, etc.	27 Suite 18
23 City & State	28 Boca Raton, FL
24 Zip / 25 Country	29 Zip 33431 / 30 Country Palm Beach

9. Name and Address of Current Registered Agent

WILLIS, ERNEST W
C/O BEACON, PROPERTY MANAGEMENT, INC,
500 E. SPANISH RIVER BLVD #18
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable): 500 NE Spanish River Blvd., Ste. 18

83

84 City: FL 85 Zip Code

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 accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	S/D	☐ Change ☒ Addition
NAME	WASSERMAN, ROBERT		1.2 NAME	Jim Feliton	
STREET ADDRESS	1850 HOMEWOOD BLVD, 313		1.3 STREET ADDRESS	1850 Homewood Blvd., #103	
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP	Delray Beach, FL	
TITLE	TD	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MAYERSTEIN, NATHAN		2.2 NAME		
STREET ADDRESS	1850 HOMEWOOD BLVD. #503		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MELLO, ELSIE		3.2 NAME	Alice Lopez	
STREET ADDRESS	1850 HOMEWOOD BLVD, 513		3.3 STREET ADDRESS	1850 Homewood Blvd., #210	
CITY-ST-ZIP	DELRAY BCH. FL		3.4 CITY-ST-ZIP	Delray Beach, FL	
TITLE	D	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	CUTLER, NONA		4.2 NAME	Conrad Dietrich	
STREET ADDRESS	1850 HOMEWOOD BLVD, 417		4.3 STREET ADDRESS	6941 Escobar Court	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENMAN, ROBERT		5.2 NAME		
STREET ADDRESS	1850 HOMEWOOD BLVD., #1515		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: Nathan Mayerstein 7/20/98 561-750-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #