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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766861

1. Corporation Name

**EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

1850 HOMEWOOD BLVD
DELRAY BEACH FL 33445
US

Mailing Address

500 NE SPANISH RIVER BLVD
STE 18
BOCA RATON FL 33431
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD, STE 18
~~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)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	FELITON, JIM	
STREET ADDRESS	1850 HOMEWOOD BLVD, #103	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	☒ DELETE
NAME	MAYERSTEIN, NATHAN	
STREET ADDRESS	1850 HOMEWOOD BLVD. #503	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	☒ DELETE
NAME	LOPEZ, ALICE	
STREET ADDRESS	1850 HOMEWOOD BLVD, #210	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	TD	☒ DELETE
NAME	DIETRICH, CONRAD	
STREET ADDRESS	6941 ESCOBAR CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	☒ 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	PD -	☐ Change ☒ Addition
1.2 NAME	Louis Pollay	
1.3 STREET ADDRESS	1850 Homewood Blvd #112	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE	VID	☐ Change ☒ Addition
2.2 NAME	Lou Cohen	
2.3 STREET ADDRESS	1850 Homewood Blvd #212	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	SID	☐ Change ☒ Addition
3.2 NAME	Shelley Enteen	
3.3 STREET ADDRESS	1850 Homewood Blvd #203	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
4.1 TITLE	TD	☐ Change ☒ Addition
4.2 NAME	Caroni Buck	
4.3 STREET ADDRESS	1850 Homewood Blvd #215	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Tanis Levy	
5.3 STREET ADDRESS	1850 Homewood Blvd #311	
5.4 CITY-ST-ZIP	Delray Beach, FL 33445	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (56) 274 4757

CR2E037 (11/98)