

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *7668e1*

1. Entity Name

EASTWINDS @ CROSSWINDS CONDOMINIUM ASSOC, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90105 036 ****61.25

Principal Place of Business
Custom Property Mgmt.
2328 S. Congress Ave.
suite 2-A
West Palm Bch, FL 33406

Mailing Address
Custom Property Mgmt.
2328 S. Congress Ave.
Suite 2-A
West Palm Bch, FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-2259661

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSTOM PROPERTY MANAGEMENT, INC.
2328 SO. CONGRESS AVE., SUITE 2A
WEST PALM BEACH, FL 33406

Name
Custom Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2328 South Congress Avenue, suite 2-A
City
West Palm Beach, FL Zip Code
33406

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.

SIGNATURE

Denice George Vice President 3/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Delete
NAME	ROBERT WASSARMAN	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	DVP	☐ Delete
NAME	FRANK MELLO	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	DS	☐ Delete
NAME	LEAH WOLFE	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	DT	☐ Delete
NAME	KURT MANLER	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	☐ Delete
NAME	JEAN BOZELTO	
STREET ADDRESS	1850 HOMEWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)