2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90095 016 ****61.25

DOCUMENT # 766861

1. Entity Name

EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
COMMUNITY ASSOCIATION SERVICES. INC. 951 BROKEN SOUND PARKWAY. SUITE 250 BOCA RATON FL 33487	COMMUNITY ASSOCIATION SERVICES. INC. 951 BROKEN SOUND PARKWAY. SUITE 250 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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
COMMUNITY ASSOCIATION SERVICES, INC. JOEL MESSINGER 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WASSARMAN, ROBERT 1850 HOMEWOOD BLVD DELRAY BCH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JERRY WOLFE 1850 HOMEWOOD BLVD, # 316 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MELLO, FRANK 1850 HOMEWOOD BLVD DELRAY BCH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN SANE 1850 HOMEWOOD BLVD, # 113 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFE, LEAH 1850 HOMEWOOD BLVD DELRAY BCH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALICE LOPEZ 1850 HOMEWOOD BLVD, #210 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANLER, KURT 1850 HOMEWOOD BLVD DELRAY BCH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CURT MANLER 1850 HOMEWOOD BLVD, # 501 DELRAY BEACH, FL 33445	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOZZUTO, JEAN 1850 HOMEWOOD BLVD DELRAY BCH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIET GOTTLIEB 1850 HOMEWOOD BLVD, #205 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Curt Manler SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #