2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90074 048 ****61.25

DOCUMENT # 766861

1. Entity Name

EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION, INC.

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	VD WOLFE, JERRY 1850 HOMEWOOD BLVD #316 DELRAY BCH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST VD LADIZINSKY, IVAN 1850 HOMEWOOD BLVD # 408 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANE, DEAN 1850 HOMEWOOD BLVD #113 DELRAY BCH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VD COHEN, LOU 1850 HOMEWOOD BLVD #212 DELRAY BEACH, FL 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPEZ, ALICE 1850 HOMEWOOD BLVD #210 DELRAY BCH FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANLER, CURT 1850 HOMEWOOD BLVD #501 DELRAY BCH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOTTLIEB, HARRIET 1850 HOMEWOOD BLVD #205 DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOTTLIEB, HARRIET 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 (9/01)

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 REQUIRED _____ Feb. 27/02 561-994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #