2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #766861

1. Entity Name



FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90176 016 ****61.25

EASTWINDS AT CI	ROSSWINDS	CONDOMINIUM
ASSOCIATION, INC		

Principal Place of Business COMMUNITY ASSOCIATION SERVICES. INC. Mailing Address

COMMUNITY ASSOCIATION SERVICES, INC.

951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487 BOCA RATON, FL 33487 BOCA RATON, FL 33487				UITE 250	· 		181 218 11 81811 818	111 11271 11401 117			
2./Principal Place of Business 3. Mailing Ad			Address								
* Suite, Apt. #, etc. Suite, Apt. #, etc.			Apt. #, etc.			04232004	Chg-NP	CR2E03	37 (10/03)		
City & State City		/ & State			4. FEI Numbe 59-2259			⊢ ⊢	oplied For ot Applicable		
Zip Country Zip			Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent		
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		CIATION SERVICES	S, INC.			treet Adriros	ss (P.O. Box Numbe	v ie Not Accentah	la)		
JOEL MES		ID PARKWAY, SUITE	F 250			oli cot Audi es	sa (F.O. DOX NOTIDO	r is Not Acceptat	, ie)	_	
BOCA RA			L 230								
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	ions of regist	y submits this statement for tered agent.	or the purpos	e of changing its r	egistered o	ffice or regis	stered agent, or both	h, in the State of F	Florida. I am	familiar with,	and accept
	Signature, typed	for printed name of registered agent a	and title if applica	ble. (NOTE:	Registered Age	ent signature requ	uired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Bo		Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			1					f			
10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE	D		RECTORS	Delete	11.		ADDITIONS/CHA	ANGES TO OFFIC	ERS AND DI	RECTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filling 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:

a. mane SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/04

UB1-994-1787

Daytime Phone #