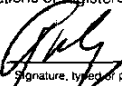
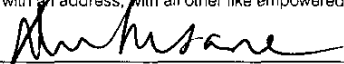


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 041 ****61.25

DOCUMENT # 766861 1. Entity Name EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1850 HOMEWOOD BLVD SUITE 110 DELRAY BEACH, FL 33445		Mailing Address 1850 HOMEWOOD BLVD SUITE 110 DELRAY BEACH, FL 33445	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
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 COMMUNITY ASSOCIATION SERVICES, INC. JOEL MESSINGER 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Randall K. Roger + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 ST, #300 City BOCA RATON FL Zip Code 33487	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Randall K. Roger, Pres / Randall K. Roger Feb. 21, 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANE, DEAN 1850 HOMEWOOD BLVD #113 DELRAY BCH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFE, LEAH 1850 HOMEWOOD BOULEVARD #316 DELRAY BCH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XD HASKIN, JAMES 1850 HOMEWOOD BLVD 517 DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOTTLIEB, HARRIET 1850 HOMEWOOD BLVD #205 DELRAY BCH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JENES 1850 HOMEWOOD BOULEVARD #311 DELRAY BCH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JENES 1850 HOMEWOOD BOULEVARD #311 DELRAY BCH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		12/03/07 561 276 9435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	