2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# 766861

Entity Name: EASTWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATION,INC.

Current Principal Place of Business:

1850 HOMEWOOD BLVD
SUITE 110
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

75 NE 6TH AVENUE
SUITE 206
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2259661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTEBANEZ, ERIC
75 NE 6TH AVENUE
SUITE 206
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD
Name: SANE, DEAN
Address: 1850 HOMEWOOD BLVD #113
City-St-Zip: DELRAY BCH, FL 33445

Title: SD
Name: WHITE, SUSAN
Address: 1850 HOMEWOOD BOULEVARD #102
City-St-Zip: DELRAY BCH, FL 33445

Title: VPD
Name: HASKIN, JAMES
Address: 1850 HOMEWOOD BLVD 517
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD
Name: HINES, DEAN
Address: 1850 HOMEWOOD BLVD #413
City-St-Zip: DELRAY BCH, FL 33445

Title: D
Name: MICHALZEN, DOROTY
Address: 1850 HOMEWOOD BLVD #206
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN HINES PD 03/22/2011

Electronic Signature of Signing Officer or Director — Date