

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-18-2008 90016 001 ****61.25

DOCUMENT # 767664 1. Entity Name CROSSWINDS AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1930 COMMERCE LANE #1 JUPITER FL 33458 US			Mailing Address 1930 COMMERCE LANE #1 JUPITER FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2303362 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent INGLIS, STEVE PCAM 1930 COMMERCE LANE #1 JUPITER FL 33458			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when registering) DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2008		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	SD CADARET, CHRISTINE 17048 FRESHWIND CIRCLE JUPITER FL 33477	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERBER, BRAD 16996 FRESHWIND CIRCLE JUPITER FL 33477	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, RHONDA 16940 FRESHWIND CIR JUPITER FL 33477	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SURLIS, JOHN 16968 FRESHWIND CIRCLE JUPITER FL 33477	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NILSEN, ROBERT 17001 FRESHWIND CIR JUPITER FL 33477	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Robert Nilsen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					

REC'D MAR 31 2008

