2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

04-06-2006 90005 045 ****61.25
771267

FILED
06 APR 13 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 771267

1. Entity Name
SOUTHWINDS AT CROSSWINDS CONDOMINIUM ASSOCIATIONINC.

Principal Place of Business	Mailing Address
2070 HOMEWOOD BLVD DELRAY BEACH, FL 33445 US	C/O CAS 951 BROKEN SOUND PARKWAY, SUITE 250 BOCA RATON, FL 33487 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2699219 ☐ 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. 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25 | 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	~~JR~~ RICHARDS, SHARON 2070 HOMEWOOD BLVD, #508 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHARON RICHARDS 2070 HOMEWOOD BLVD #201 DELRAY BEACH FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D ~~NAINI, JOAN~~ ~~2070 HOMEWOOD #308~~ ~~DELRAY BEACH, FL 33445~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LAURA DEC 2070 HOMEWOOD BLVD #313 DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~BARR, BARBARA~~ ~~2070 HOMEWOOD BLVD, #507~~ ~~DELRAY BEACH, FL 33445~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P STEVE JANKOWSKI # 2070 HOMEWOOD BLVD 209 DELRAY BEACH FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHRIS HOLLOWAY 2070 HOMEWOOD BLVD #508 DELRAY	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY STEVE DeROUVILLE 2070 HOMEWOOD BLVD #209 DELRAY BEACH FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Laura A. Dec 3/31/06 (508) 498-3406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #