2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-08-2007 90009 012 ****61.25

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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

02202007 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	2070 HOMEWOOD BLVD. Suite, Apt. #, etc. # 518
City & State	City & State DELRAY BEACH, FL.
Zip / Country	Zip 33445 / Country USA

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 M. J. GALLUP Street Address (P.O. Box Number is Not Acceptable) 817 GEORGE BUSH BLVD. City DELRAY BEACH FL Zip Code 33483

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 DAVID J. PUGH (OWNER) 2-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D RICHARDS, SHARON 2070 HOMEWOOD BLVD. #201 DELRAY BEACH, FL 33445	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DeCONTO, RICHARD 2070 HOMEWOOD BLVD. #513 DELRAY BERCH, FL. 33445	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEC, LAURA 2070 HOMEWOOD BLVD #313 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SAME SAME SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JANKOWSKI, STEVE 2070 HOMEWOOD BLVD #209 DELRAY BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLOWAY, CHRIS 2070 HOMEWOOD BLVD #508 DELRAY, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE ROUVILLE, STEVE 2070 HOMEWOOD BLVD #209 DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. NAINI, JOAN 2070 HOMEWOOD BLVD. # 206 DELRAY BEACH, FL. 33445	☐ 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 Dec LAURA DEC 3/19/07 (508) 498-3406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #