2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/25/2007-90002-041-\$61.25-\$61.25

FILED

☐ Change ☐ Addition

		25			-	-	1	į –	1にとし		
DOCUMENT # N0000000005 1. Entity Name CROSSWINDS II AT RIVER BRIDGE, IN			SERVICE AND ADDRESS OF THE PERSON OF THE PER		07 OCT -4 AM IO: 13						
Principal Place of Business P.O. BOX 244724 BOYNTON BEACH, FL 33424-4724			A illing Address P.O. BOX 244724 BOYNTON BEACH, FL 33424-4724			SCONLIANT OF STATE TALEAHASSEE, FLORIDA					
	•					,	I INDINERI AN ATTIK	17111 281 1 6881 687			
2. Principal Place of Business - No P.O. Box #			Mailing Address								
4000 S. 57 ™ AUG Suite, Apt. #, etc.		7	Suite, Apt. #, etc.			06142007 C					
101		Ш	101			00142007 C	hg-NP	CR2E037 (12/	06)		
City & State LAKE WOZ THE			City & State			4. FEI Number 65-098424	18			plied For at Applicable	
33 42	Country		Zip 33463	Cou	ntry	Ben	5. Certificate of S	tatus Desired	\$8.75 Fee Re	5 Add	litional
6. Name and Address of Current Regis			tered Agent				7. Name and Address of New Registered Agent				
A & N MAI	NAGEMENT SERVICES, INC	J	Name Pr			eor.	FET MANAVAMENTRESOSTESS				
1231 GONDOLA LANE BOYNTON BEACH, FL 33426			Stree			Address (P.O. Box Number is Not Acceptable)					
BOTNIO	N BEACH, FL 33426						J. 3 /				
				City	-	FL Zip Code					
8. The above	named entity submits this statement for	the p	urpose of changing its re	egistere				•			4 63
	tions of registered agent.	- 1		-		-	•				
SIGNATURE			me - Kors	~	LC 3.	· —	~_		6/14/	ن	7
SIGNATORE	Signature, typed of printed name of registered agent a	nd title if	soprabio (NOTE.	Pagislmed	Agent agrat	ur = 100 ur = 0	when (winstating)		DATE		
Filing Fee is \$61.25 Due by September 14, 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 DIR	ЕСТО	RS	11.		7	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTOR	RS IN	10
TITLE NAME	PD CASAMASSINA, PAUL		☐ Delete	TITLE NAME					☐ Cha	8 <u>0</u> 01	Addition
STREET ADDRESS CITY-ST-ZIP	806 CROSSWINDS DR. WEST PALM BEACH, FL 33413				T ADDRESS ST-ZIP						
TITLE	VD SUASISS LAWESTANISS		☐ Delete	TITLE		1	7 ,		☐ Cha	ınge	☐ Addition
NAME STREET ADDRESS	SHAPIRO, LAWERANCE 102 CROSSWINDS DR.			NAME STREE	T ADDRESS	(/)	8 01/1				
CITY-ST-ZIP	WEST PALM BEACH, FL 33413			ÇITY-	ST - ZIP		1 (1018				
TITLE NAME	TRIEDSURER BORUCK, DEHMUS		☐ Delete	TITLE NAME		ı			☐ Cha	nge	Addition
STREET ADDRESS	804 arossumos D				T ADORESS						
CITY:SI-ZIP	WEST PALM BENCH, 1	2			ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Cha	nge	■ Addition
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				<u> </u>	ST-ZIP						
TITLE NAME			☐ Delete	TITLE		•			☐ Cha	nge	Addition
STREET ADDRESS				1	T ADORESS	l					
CITY-ST-ZIP		- [CITY-	ST-ZIP						

12. Thereby certify that the information supplied with this filling 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 truly 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP