2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000056

FILED Mar 25, 2009 Secretary of State

Entity Name: CROSSWINDS II AT RIVER BRIDGE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
1000 S 57	TH AVE			
I01 _AKE WC	RTH, FL 33463	}		
Current N	Mailing Address	s:	New Maili	ing Address:
1000 S 57	TH AVE			
I01 -AKE WC	RTH, FL 33463	3		
El Number	: 65-0984248	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1000 S 57 01		NT RESOURCES 3 US		
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	e of Florida.	ubmits this statement for the	purpose of changing	its registered office or registered agent, or b
n the Stat	e of Florida.	ubmits this statement for the	e purpose of changing	its registered office or registered agent, or b
the Stat	e of Florida. RE:	c Signature of Registered A		its registered office or registered agent, or b Date
n the Stat SIGNATU	e of Florida. RE:	c Signature of Registered A	gent	
n the Stat SIGNATU DFFICER ittle: lame: .ddress:	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered A FORS: Delete PAUL IDS DR.	gent	Date
n the Stat SIGNATU	e of Florida. RE: Electroni S AND DIRECT PD () CASAMASSINA, 806 CROSSWIN WEST PALM BE	c Signature of Registered A FORS: Delete PAUL IDS DR. FACH, FL 33413 Delete ERANCE IDS DR.	gent ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIREC
n the Stat BIGNATU DFFICER Title: lame: kddress: City-St-Zip: Title: lame: kddress:	e of Florida. RE: Electroni S AND DIRECT PD () CASAMASSINA, 806 CROSSWIN WEST PALM BE VD () SHAPIRO, LAWI 102 CROSSWIN WEST PALM BE	c Signature of Registered A FORS: Delete PAUL IDS DR. FACH, FL 33413 Delete ERANCE IDS DR. FACH, FL 33413 Delete IIS IDS DR	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIREC () Change () Addition SD (X) Change () Addition SHAPIRO, LAWRENCE 102 CROSSWINDS DR.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS BORUK T 03/25/2009