


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90007 035 \*\*\*\*61.25

<b>DOCUMENT # N04000003319</b> 1. Entity Name <b>CROSSWINDS ON PARK HOMEOWNERS ASSOCIATION INC.</b>					
Principal Place of Business <b>4125 PARK ST. N. LOT 622 ST. PETERSBURG, FL 33709</b>			Mailing Address <b>4125 PARK ST. N. LOT 622 ST. PETERSBURG, FL 33709</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-1086127</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CONWAY, MARY ANNE 4125 PARK ST. N. LOT 622 ST. PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name <b>DYER, MARIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4125 PARK ST. N. LOT 226</b> City <b>ST. PETERSBURG</b> FL Zip Code <b>33709</b>	
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 <i>Marian Dyer</i> DATE <i>March 13/08</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CONWAY, MIKE</b> <b>4125 PARK ST. N., LOT 622</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>RICHARD, ANDY</b> <b>4125 PARK ST N LOT 608</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CONWAY, MARY ANNE</b> <b>4125 PARK ST. N., LOT 622</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOPE, NANCY</b> <b>4125 PARK ST N LOT 227</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DYER, MARIAN</b> <b>4125 PARK ST. N., LOT 226</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PULLAN-RICHARD, ROSEMARY</b> <b>4125 PARK ST N LOT 608</b> <b>ST. PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>W.M. Conway</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>Jan 24/2008</i> Daytime Phone #		

*W. M. CONWAY - PRESIDENT*