

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003319

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** CROSSWINDS ON PARK HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

4125 PARK ST. N.  
LOT 1040  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

4125 PARK ST. N.  
LOT 1040  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 33-1086127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUBOIS, PHIL  
4125 PARK ST. N.  
LOT 18  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCMILLAN, JANE  
**Address:** 4125 PARK ST. N., LOT 1040  
**City-St-Zip:** ST. PETERSBURG, FL 33709

**Title:** V  
**Name:** RICHARD, ANDY  
**Address:** 4125 PARK ST N LOT 608  
**City-St-Zip:** ST. PETERSBURG, FL 33709

**Title:** T  
**Name:** DUBOIS, PHIL  
**Address:** 4125 PARK ST. N., LOT 18  
**City-St-Zip:** ST. PETERSBURG, FL 33709

**Title:** S  
**Name:** HOPE, NANCY  
**Address:** 4125 PARK ST N. LOT 227  
**City-St-Zip:** ST. PETERSBURG, FL 33709

**Title:** D  
**Name:** DEMARCO, JOSEPH  
**Address:** 4125 PARK ST. N., LOT 226  
**City-St-Zip:** ST. PETERSBURG, FL 33709

**Title:** D  
**Name:** SANDY, STANLEY  
**Address:** 4125 PARK ST N. LOT 27  
**City-St-Zip:** ST. PETERSBURG, FL 33709

I hereby 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 all other like empowered.

**SIGNATURE:** JANE MCMILLAN

P

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date