2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empower

SIGNATIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # N12272** 04-27-2007 90201 021 ****61.25 1. Entity Name CROSSWINDS AT RIVER BRIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40089120 ASSOCIATED PROPERTY MGMT ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD 1928 LAKE WORTH RD LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 Principal Place of Business - No P.O. Box # Mailing Address KROPERTY MOINT opert MGNT 01092007 Cha-NP CR2E037 (12/06) 1000 5 57th 1000 S67 Applied For 4. FEI Number City & State City & State 59-2615620 ave worth, fc Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired ALM ISEACH 33463 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANAGEMENT ASSOCIATED PROPERTY MGMT treet Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD LAKE WORTH, FL 33461 Zip Code AKE YYORTH 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. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE □ Delete TITLE PRESIDENT Channe JOHN COUMES KAHN, IRWIN NAME NAME 600 CROSSWINDS DR F-2 STREET ADDRESS STREET ADDRESS MESTPALM BEACH, FC 33413 CITY-ST-ZIP WEST PALM BEACH, FL. 33413 CITY-ST-ZIP VΡ ☐ Change Addition TITLE **∠** Delete TITLE JOHH D'AMICO LEWIS, SANDRA NAME 400 ET CROSSWIHDS DR. NAME 500 CROSSWINDS DRIVE SUITE A2 STREET ADDRESS STREET ADDRESS MESTPALM BEHACH, FL 33413 CITY-ST-ZIP WEST PALM BEACH, FL 33413 CITY-ST-7IP ☐ Change ☐ Addition D TIT1 F TITLE **✓** Delete SUSAN CATO COLON, JOHN NAME NAME 300 KT CROSS WINDS DR. STREET ADDRESS 401 CURTIS LN STREET ADDRESS WEST PACK BEACH FL CITY-ST-7IP CITY-ST-ZIP HAMDEN, NY 137821711 Change Addition TITLE Delete TITLE ROY LEARNED GILBERT, ARNOLD NAME NAME 400 F2 CROSSWINDS DR STREET ADDRESS 136-37 72 AVE STREET ADDRESS MEST PACK BEACH PL KEW GARDENS HILLS, NY 11367 CITY-ST-7IP CITY-ST-ZIP 📈 Delete ☐ Change STD TITLE TITLE Doy BURMICK 300 EL CROSSWINDS DR JURNEY, INA C NAME NAME 200 CROSSWINDS DRIVE SUITE A1 STREET ADDRESS STREET ADDRESS WEST PACKA BEACH, FC CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33413 ☐ Change ☐ Addition TITLE TITLE Delete BIERMAN, MARVIN NAME NAME STREET ADDRESS **571 EAST OLIVE STREET** STREET ADDRESS CITY-ST-ZIP LONG BEACH, NY 11561 CITY-ST-ZIP 12. I hereby 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 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

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