2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12272

FILED Mar 31, 2009 Secretary of State

Entity Name: CROSSWINDS AT RIVER BRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PROPERTY MGMT. RESOURCES 4000 S. 57TH AVE SUITE 101 LAKE WORTH, FL 33463 **New Mailing Address: Current Mailing Address:** PROPERTY MGMT. RESOURCES 4000 S. 57TH AVE SUITE 101 LAKE WORTH, FL 33463 FEI Number: 59-2615620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROPERTY MANAGEMENT RESOURCES 4000 SOUTH 57TH AVE **SUITE #101** LAKE WORTH, FL 33463 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COUMES, JOHN WOOD, GEORGE Name: Name: 4000 E1 CROSSWINDS DR Address: 300 B1 CROSSWINDS DR Address: City-St-Zip: WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 City-St-Zip: (X) Change () Addition Title: () Delete Title: D'AMICO, JOHN Name: GILBERT, ALBERT Name: Address: 400 E1 CROSSWINDS DR. Address: 900 B1 CROSSWINDS DR. City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33413 Title: Title: SD (X) Change () Addition () Delete CATO, SUSAN CATO, SUSAN Name: Name: 300 F1 CROSSWINDS DR. Address: Address: 300 F1 CROSSWINDS DR. City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33413 Title: () Delete Title: TD () Change (X) Addition Name: Name: LEARNED, ROY 400F2 CROSSWINDS DRIVE Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33413 Title: () Delete Title: () Change (X) Addition KAY, JANE Name: Name: 600F1 CROSSWINDS DRIVE Address: Address: WEST PALM BEACH, FL 33413 City-St-Zip: City-St-Zip:

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: GEORGE WOOD P 03/31/2009