2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12272

FILED Mar 24, 2010 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

Current Mailing Address: New 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:

Title: PD

 Name:
 VALLECILLO, AUGUSTO

 Address:
 300 F2 CROSSWINDS DR

 City-St-Zip:
 WEST PALM BEACH, FL 33413

Title: D

Name: GILBERT, ALBERT
Address: 900 B1 CROSSWINDS DR.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD

 Name:
 MCCLUNEY, BETH

 Address:
 400 B2 CROSSWINDS DR.

 City-St-Zip:
 WEST PALM BEACH, FL 33413

Title: TD

Name: JURNEY, INACLARE

Address: 200 A1 CROSSWINDS DRIVE City-St-Zip: WEST PALM BEACH, FL 33413

Title: VPD

Name: HARAK, ELAINE

Address: 600 B1 CROSSWINDS DRIVE City-St-Zip: WEST PALM BEACH, FL 33413

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: AUGUSTO VALLECILLO P 03/24/2010