## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12272

FILED Apr 11, 2011 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

100 RIVER BRIDGE ROAD
WEST PALM BEACH, FL 33413

Current Mailing Address: New Mailing Address:

PROPERTY MGMT. RESOURCES

4000 S. 57TH AVE SUITE 101

LAKE WORTH, FL 33463

CMC MANAGEMENT
2950 JOG ROAD
GREENACRES, FL 33467

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

DICKER, KRIVOK & STOLOFF

1818 AUSTRALIAN AVE. SOUTH
SUITE #400
WEST PALM BEACH, FL 33409 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: SCOTT STOLOFF 04/11/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

 Name:
 VALLECILLO, AUGUSTO

 Address:
 300 F2 CROSSWINDS DR

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

Title:

 Name:
 GILBERT, ALBERT

 Address:
 900 B1 CROSSWINDS DR.

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

Title: SD

Name: MCCLUNEY, ELIZABETH
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: INACLARE JURNEY TD 04/11/2011