

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12272

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

100 RIVER BRIDGE ROAD  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467

**New Mailing Address:**

**FEI Number:** 59-2615620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKER, KRIVOK & STOLOFF  
1818 AUSTRALIAN AVE. SOUTH  
SUITE #400  
WEST PALM BEACH, FL 33409 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: PD  
Name: VALLECILLO, AUGUSTO  
Address: 300 F2 CROSSWINDS DR  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP T  
Name: HAKAK, ELAINE  
Address: 600 B1 CROSSWINDS DR.  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD  
Name: COLON, JULIA  
Address: 500 B1 CROSSWINDS DR.  
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

03/26/2012

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

\_\_\_\_\_  
Date