
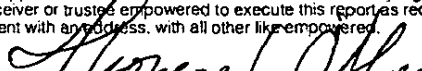


FILED
Apr 29, 2005 8:00 am
Secretary of State

170100Z

DOCUMENT # N12768				STATE OF FLORIDA DEPARTMENT OF REVENUE	
1. Entity Name CROSSWINDS HOMEOWNER'S ASSOCIATION OF FT. WALTON BEACH, INC.				04-29-2005 90276 027 ****61.25	
Principal Place of Business P.O. BOX 3332 (WRIGHT) FT. WALTON BEACH, FL 32547		Mailing Address P.O. BOX 3332 (WRIGHT) FT. WALTON BEACH, FL 32547			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02192005 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip		Country		4. FEI Number 59-2827284 <div style="float: right;">Applied For Not Applicable</div>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SURBER, SUSAN M 108 BEAL PARKWAY S FT. WALTON BEACH, FL 32548				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, SALLY			NAME	
STREET ADDRESS	1405 ARIEL LANE			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMER, SARA			NAME	
STREET ADDRESS	1819 SCIROCCO LOOP			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SHEA, TOM			NAME	
STREET ADDRESS	1913 W MISTRAL LANE			STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, JANICE			NAME	
STREET ADDRESS	1520 MARIAH WAY W			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, MICHAEL			NAME	
STREET ADDRESS	1833 CROSSWINDS LANDING			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFANY, JAMES			NAME	
STREET ADDRESS	2013 MSITRAL LANE EAST			STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 changed, or on an attachment with an address, with all other like empowerment.					
SIGNATURE: 				4.4.05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	