


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90181 045 ****61.25

DOCUMENT # N12768 1. Entity Name CROSSWINDS HOMEOWNER'S ASSOCIATION OF FT. WALTON BEACH, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="text-align: right;"> FL Zip Code </div>		
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, 2006		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		TITLE		
NAME	REYNOLDS, SALLY		NAME		
STREET ADDRESS	1405 ARIEL LANE		STREET ADDRESS		
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547		CITY - ST - ZIP		
TITLE	DT		TITLE		
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		TITLE		
NAME	STOVER, JANICE		NAME		
STREET ADDRESS	1520 MARIAH WAY W		STREET ADDRESS		
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.					
SIGNATURE: <u>T. O'SHEA</u> 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60037006



03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2827284 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**