

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12768

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** CROSSWINDS HOMEOWNER'S ASSOCIATION OF FT. WALTON BEACH, INC.

**Current Principal Place of Business:**

P.O. BOX 3332 (WRIGHT)  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

1913 W MISTRAL LANE  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

P.O. BOX 3332 (WRIGHT)  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

1913 W MISTRAL LANE  
FT. WALTON BEACH, FL 32547

**FEI Number:** 59-2827284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SURBER, SUSAN M  
108 BEAL PARKWAY S  
FT. WALTON BEACH, FL 32548 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 ( ) Delete  
Name: REYNOLDS, SALLY  
Address: 1405 ARIEL LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DT ( ) Delete  
Name: O'SHEA, TOM  
Address: 1913 W MISTRAL LANE  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: STOVER, JANICE  
Address: 1520 MARIAH WAY W  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM O'SHEA

DT

04/02/2009

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

\_\_\_\_\_  
Date