

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13056

FILED
Apr 20, 2009
Secretary of State

Entity Name: CROSSWIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 59-2692878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS, CALDWELL, INC.
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 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: VD () Delete
Name: MILLER, HARRY
Address: 211 AIRPORT AVE, #212
City-St-Zip: VENICE, FL 34285

Title: STD () Delete
Name: SURRETTE, ANTOINETTE
Address: 222 BRAEBURN RD
City-St-Zip: EAST LONGMEADOW, MA 01028

Title: D () Delete
Name: TAUDAL, ADOLPH
Address: 217 AIRPORT AVENUE #218
City-St-Zip: BRADENTON, FL 34205

Title: PD () Delete
Name: NICORA, GUS
Address: 111 AIRPORT AVENUE, #106
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: LLYOD, ROBERT
Address: 111 AIRPORT AVENUE #102
City-St-Zip: VENICE, FL 34285

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:

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: GUS NICORA

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date