

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19592

FILED
Jan 26, 2007
Secretary of State

Entity Name: CROSSWINDS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1100 CROSSWINDS LANDING
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3061
FORT WALTON BEACH, FL 325471174 US

New Mailing Address:

FEI Number: 59-2855695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, KEVIN E MR
1100 CROSSWINDS LANDING
UNIT 20
FORT WALTON BEACH, FL 32547 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: DTS () Delete
Name: FULLER, KEVIN E MR
Address: 1100 CROSSWINDS LANDING, UNIT 20
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: DV () Delete
Name: WILLIAM, HORN D MR
Address: 1100 CROSSWINDS LANDING, UNIT 03
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: DP () Delete
Name: FISHER, ROBERT W MR
Address: 718 BRADFORD DR.
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: GEOHAGAN, F. ALLEN MR
Address: 1100 CROSSWINDS LANDING, UNIT 18
City-St-Zip: FT. WALTON BEACH, FL 32547

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN E. FULLER

DTS

01/26/2007

Electronic Signature of Signing Officer or Director

Date