

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19592

**FILED**  
**Jan 08, 2011**  
**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  
Name: FULLER, KEVIN E MR  
Address: 1100 CROSSWINDS LANDING, UNIT 20  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: DV  
Name: LAMARCHE, GEORGE MR  
Address: 200 MIRACLE STRIP PKWY. #404  
City-St-Zip: FT. WALTON BEACH, FL 32548

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

I hereby 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 all other like empowered.

SIGNATURE: KEVIN E. FULLER

DTS

01/08/2011

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

\_\_\_\_\_  
Date