

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 033 ****61.25

DOCUMENT # N24806

1. Entity Name

CROSSWINDS SINGLE-FAMILY HOMES ASSOCIATION, INC.



Principal Place of Business

1700 HOMEWOOD BLVD
DELRAY BEACH FL 33445

Mailing Address

1700 HOMEWOOD BLVD
DELRAY BEACH FL 33445

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0020444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALAZZI, SAL
2777 CARNATION CT
DELRAY BEACH FL 33445

Name
CHRIS CLARKE

Street Address (P.O. Box Number is Not Acceptable)
1700 HOMEWOOD BLVD

City
DELRAY BEACH

FL

Zip Code
33445

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

Chris Clarke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/12/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALAZZI, SAL 2777 CARNATION COURT DELRAY BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, CHRIS 2774 BEGONIA CT. DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FROLDSCHDIT, KURT 2780 AIALEA CT DELRAY BEACH FL 33445	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMER, SUZANAH 2746 CARNATION CT DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, OLLIE 2789 DRACOENA CT DELRAY BEACH FL 33445	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRYOR, KATHLEEN 2788 DRACAENA CT DELRAY BEACH FL 33445	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, DAVID 2797 CARNATION CT DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSCHMIDT, KURT 2790 AZALEA CT DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMER, TIM 2746 CARNATION CT DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Chris Clarke

CHRIS CLARKE

03/12/08 561-274-7127