

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005693

1. Entity Name
CROSSWINDS MOBILE HOME PARK, INC.



Principal Place of Business
**4125 PARK ST N.
ST. PETERSBURG, FL 33709**

Mailing Address
**4125 PARK ST N.
ST. PETERSBURG, FL 33709**



07132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1456110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMERON, GAIL
4125 APRK ST N
ST. PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BANKS, EILEEN
4125 PARK ST N
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMERON, GAIL
4125 PARK ST N
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VD
HAYES, JEAN
4125 PARK ST N
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WULFF, MANNISTER
4125 PARK ST N
SAINT PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VPD
NELSON, ALLAN
4125 PARK ST. N., #1048
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000769291
07/17/07-80006-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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

Gail Cameron President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/07
Date

727-544-7770
Daytime Phone #