

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005633

1. Entity Name

CROSSWINDS CONDOMINIUM ASSOCIATION OF PANAMA CIT

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90252 019 ****61.25

Principal Place of Business

Mailing Address

8069 HIGHWAY 30-A
 PANAMA CITY BEACH FL 32413

POST OFFICE BOX 9218
 PANAMA CITY BEACH FL 32417-9218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY Bch

Zip

Country

Zip

Country

32413

4. FEI Number

59-3626746

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

BROWN, JAMES
 8069 HIGHWAY 30-A
 PANAMA CITY BEACH FL 32413

Name

Same

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

111 SUN LANE

City

PANAMA CITY Bch

FL

Zip Code

32413

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME MCHUGH, BERNIE L
 STREET ADDRESS POST OFFICE BOX 9218
 CITY-ST-ZIP PANAMA CITY BEACH FL 32417

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME BROWN, JAMES
 STREET ADDRESS POST OFFICE BOX 9218
 CITY-ST-ZIP PANAMA CITY BEACH FL 32417

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME BROWN, MARION L
 STREET ADDRESS POST OFFICE BOX 9218
 CITY-ST-ZIP PANAMA CITY BEACH FL 32417

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

880 234 6633

Daytime Phone #