

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766861

Entity Name: EASTWINDS AT CROSSWINDS CONDOMINIUM
ASSOCIATION, INC.

FILED
Feb 27, 2017
Secretary of State
CC4743279106

Current Principal Place of Business:

1850 HOMEWOOD BLVD
SUITE 110
DELRAY BEACH, FL 33483

Current Mailing Address:

1100 SW 10TH STREET
SUITE B
DELRAY BEACH, FL 33444 US

FEI Number: 59-2259661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTEBANEZ, ERIC
1100 SW 10TH STREET
SUITE B
DELRAY BEACH, FL 33444 US

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

Officer/Director Detail :

Title TD
Name SANE, DEAN
Address 1850 HOMEWOOD BLVD
 113
City-State-Zip: DELRAY BCH FL 33445

Title PRESIDENT
Name HINES, DEAN
Address 1850 HOMEWOOD BLVD
 413
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SALAZAR, LUIS
Address 1850 HOMEWOOD BLVD.
 414
City-State-Zip: DELRAY BEACH FL 33445

Title SD
Name WHITE, SUSAN
Address 1850 HOMEWOOD BOULEVARD
 102
City-State-Zip: DELRAY BCH FL 33445

Title DIRECTOR
Name DURINICK, MARIE
Address 1850 HOMEWOOD BLVD
 411
City-State-Zip: DELRAY BEACH FL 33445

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: HINES , DEAN

PRESIDENT

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date