### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003319

Entity Name: CROSSWINDS ON PARK HOMEOWNERS ASSOCIATION INC.

FILED
Mar 19, 2017
Secretary of State
CC1122264985

## **Current Principal Place of Business:**

4125 PARK ST. N. LOT 1040

ST. PETERSBURG, FL 33709

# **Current Mailing Address:**

4125 PARK ST. N. LOT 1040

ST. PETERSBURG, FL 33709

FEI Number: 33-1086127 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MCMILLAN, JANE E. 4125 PARK ST. N. LOT 1040

ST. PETERSBURG, FL 33709 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: JANE E. MCMILLAN 03/19/2017

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title P Title V

Name MCMILLAN, JANE Name RICHARD, ANDY

Address 4125 PARK ST. N., LOT 1040 Address 4125 PARK ST N LOT 608

City-State-Zip: ST. PETERSBURG FL 33709 City-State-Zip: ST. PETERSBURG FL 33709

Title T Title S

Name BOLDUC, LOIS Name BRABANT, RACHEL

Address 4125 PARK ST. N., LOT 1038 Address 4125 PARK ST. N. LOT 743

City-State-Zip: ST. PETERSBURG FL 33709 City-State-Zip: ST. PETERSBURG FL 33709

Title D Title D

Name MCKAY, MICHAEL Name MARTINEZ, JOHN Address 4125 PARK ST. N., LOT 6 Address 4125 PARK ST N.

LOT 410

City-State-Zip: ST. PETERSBURG FL 33709

City-State-Zip: ST. PETERSBURG FL 33709

City-State-Zip: ST. PETERSBURG FL 33709 City-State-Zip: ST. PETERSBURG FL 33709

Title DIRECTOR Title DIRECTOR

Name WALLS, RICK Name WILSON, TOMMY

Address 4125 PARK ST. NORTH, LOT 1036 Address 4125 PARK ST. N.,

City-State-Zip: ST. PETERSBURG FL 33709 LOT 325
City-State-Zip: ST. PETERSBURG FL 33709

## Continues on page 2

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: JANE MCMILLAN

**PRESIDENT** 

03/19/2017

# Officer/Director Detail Continued:

Title DIRECTOR

Name MCFARLANE, MIREILLE

4125 PARK ST. N. LOT 328 Address

City-State-Zip: ST. PETERSBURG FL 33709