

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003319

**FILED**  
**Mar 20, 2015**  
**Secretary of State**  
**CC5825695762**

**Entity Name:** CROSSWINDS ON PARK HOMEOWNERS ASSOCIATION INC.

**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:**

DUBOIS, PHIL  
4125 PARK ST. N.  
LOT 18  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MCMILLAN, JANE  
Address 4125 PARK ST. N., LOT 1040  
City-State-Zip: ST. PETERSBURG FL 33709

Title V  
Name RICHARD, ANDY  
Address 4125 PARK ST N LOT 608  
City-State-Zip: ST. PETERSBURG FL 33709

Title T  
Name DUBOIS, PHIL  
Address 4125 PARK ST. N., LOT 18  
City-State-Zip: ST. PETERSBURG FL 33709

Title S  
Name BRABANT, RACHEL  
Address 4125 PARK ST N. LOT 743  
City-State-Zip: ST. PETERSBURG FL 33709

Title D  
Name MCKAY, MICHAEL  
Address 4125 PARK ST. N., LOT 6  
City-State-Zip: ST. PETERSBURG FL 33709

Title D  
Name SANDY, STANLEY  
Address 4125 PARK ST N. LOT 27  
City-State-Zip: ST. PETERSBURG FL 33709

Title DIRECTOR  
Name YODER, ALBERT  
Address 4125 PARK ST. NORTH, LOT 330  
City-State-Zip: ST. PETERSBURG FL 33709

Title DIRECTOR  
Name STANLEY, HERB  
Address 4125 PARK ST. N., LOT 27  
City-State-Zip: ST. PETERSBURG FL 33709

*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**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date