

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 738165 (0)**  
1. Corporation Name  
**THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**11578 SW 132 AVD  
MIAMI FL 33186**

Mailing Address

**11578 SW 132 AVD  
MIAMI FL 33186**3. Date Incorporated or Qualified  
**03/03/1977**3a. Date of Last Report  
**05/23/1996**

4. FEI Number

**59-1801747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIEGFREID, STEVEN M.  
201 ALHAMBRA CIRCLE STE 1102  
CORAL GABLES FL 33146**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD  
BUXTON, SALLY**  
STREET ADDRESS **13463 SW 108 STR CIR NO**  
CITY - ST - ZIP **MIAMI FL**1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **BUXTON, SALLY**  
1.3 STREET ADDRESS **13463 S.W. 108 STR CIR NO**  
1.4 CITY - ST - ZIP **MIAMI, FL 33186**TITLE ☐ DELETE  
NAME **VD  
GILBERT, DAVID**  
STREET ADDRESS **13617 SW 116 LN**  
CITY - ST - ZIP **MIAMI FL**2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **GILBERT, DAVID**  
2.3 STREET ADDRESS **13617 S.W. 116 LN**  
2.4 CITY - ST - ZIP **MIAMI, FL 33186**TITLE ☐ DELETE  
NAME **SD  
BILECA, MICKEY**  
STREET ADDRESS **10505 SW 134 COURT**  
CITY - ST - ZIP **MIAMI FL**3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D  
ARRICK, STEPHEN**  
3.3 STREET ADDRESS **13277 S.W. 112 TERR**  
3.4 CITY - ST - ZIP **MIAMI, FL 33186**TITLE ☐ DELETE  
NAME **D  
JANAVEY, PHIL**  
STREET ADDRESS **13417 SW 113 TERR.**  
CITY - ST - ZIP **MIAMI FL**4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **VD  
JANAVEY, PHIL**  
4.3 STREET ADDRESS **13417 S.W. 113 TERR**  
4.4 CITY - ST - ZIP **MIAMI, FL 33186**TITLE ☐ DELETE  
NAME **TD  
STEIN, CLIFF**  
STREET ADDRESS **11746 SW 132ND PL**  
CITY - ST - ZIP **MIAMI FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME **D  
NASSAR, DINA**  
STREET ADDRESS **11249-4 SW 132 PL**  
CITY - ST - ZIP **MIAMI FL**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0078501**

CR2E037 (9/96)