

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 03 1997 8:00am
Secretary of State**DOCUMENT # 743775 (9)**

1. Corporation Name

THE CROSSINGS LANDOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**20803 BISCAYNE BLVD.
203
AVENTURA FL 33180
US****20803 BISCAYNE BLVD.
203
AVENTURA FL 33180-1429
US**

3. Date Incorporated or Qualified

08/02/1978

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip

Country

28 Zip

Country

24**25****29****30**

4. FEI Number

59-2577066

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRANMER, BRUCE R
4026 NE 73 AVE
CORAL SPRINGS FL 33065****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	DP	<input type="checkbox"/> DELETE
NAME	HELMS, WILLIAM	
STREET ADDRESS	3935 NW 69TH TERR	
CITY - ST - ZIP	CORAL SPRINGS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ACKER, BETH	
STREET ADDRESS	4316 NE 71ST DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CRANMER, BRUCE	
STREET ADDRESS	4026 NW 73RD AVE	
CITY - ST - ZIP	CORAL SPRINGS FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GOLDBERG, DANA	
STREET ADDRESS	7114 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BENEVENTO, ROBERT	
STREET ADDRESS	4114 NW 73 AVE.	
CITY - ST - ZIP	CORAL SPRINGS FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 # 0033430

CR2E037 (9/96)