

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743775

1. Entity Name

THE CROSSINGS LANDOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90029 014 \*\*\*\*61.25

Principal Place of Business

MIAMI MANAGEMENT INC  
1189 SAWGRASS CORP PARKWAY  
SUNRISE FL 33323  
US

Mailing Address

MIAMI MANAGEMENT INC  
1189 SAWGRASS CORP PARKWAY  
SUNRISE FL 33323  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2577066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAYE & ROGER P.A.  
6261 NW 6TH WAY  
SUITE 103  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Katzman & Kerr, P.A.

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

5581 W. Ocala Park Blvd.

City

Second Floor  
Lunderhill

FL

Zip Code  
33313

8. 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

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

Leigh C. Katzman, Esq.

(NOTE: Registered Agent signature required when reinstating)

2/18/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERIDAN, PETER 4030 NW 73 AVE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRESSLER, MARIA 7007 NW 39TH ST. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PURIFICATION, CHERYL 7109 NW 42ND ST. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWIER, JOHN 4111 NW 73RD AVENUE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDEN, PETE 4107 NW 73RD AVENUE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEIGH C. KATZMAN, ESQ. President 2/18/02 (954) 846-7545

CR2E037 (9/01)