


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90007 017 ****61.25

DOCUMENT # N06000002668			
1. Entity Name CROSSPOINTE INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1599 SW 30TH AVENUE BOYNTON BEACH, FL 33426		Mailing Address 65 SPANISH RIVER DR OCEAN RIDGE, FL 33435	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1301 SW 27TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOYNTON BEACH, FL	
Zip	Country	Zip	Country
33426	USA	33426	USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DICKENSON, BLAINE C ESQ. 980 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		Name RODNEY GOWER	
		Street Address (P.O. Box Number is Not Acceptable) 1599 SW 30TH AVE.	
		SUITE #7	
		City	Zip Code
		BOYNTON BEACH	FL 33426
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Rodney Gower</i> RODNEY GOWER		DATE 3/14/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWER, RODNEY	NAME	
STREET ADDRESS	1599 SW 30TH AVENUE, UNIT 7	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSANISI, JOHN	NAME	
STREET ADDRESS	1599 SW 30TH AVENUE, UNIT 9	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, CHRISTINE	NAME	
STREET ADDRESS	1599 SW 30TH AVENUE, UNIT 12	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, KENT	NAME	
STREET ADDRESS	1599 SW 30TH AVENUE, UNIT 5	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rodney Gower Pres.</i>		DATE: 3/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-742-9333	