

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002668

FILED
Mar 13, 2009
Secretary of State

Entity Name: CROSSPOINTE INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1599 SW 30TH AVENUE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1301 SW 27TH AVE
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-4836591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOWER, RODNEY
1599 SW 30TH AVE
STE. 7
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOWER, RODNEY
Address: 1599 SW 30TH AVENUE, UNIT 7
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: VP () Delete
Name: PASSANISI, JOHN
Address: 1599 SW 30TH AVENUE, UNIT 9
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: FRANCOIS, CHRISTINE
Address: 1599 SW 30TH AVENUE, UNIT 12
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: MCMILLAN, KENT
Address: 1599 SW 30TH AVENUE, UNIT 5
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RODNEY GOWER

PRES

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date