

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

S 250  
50630

**DOCUMENT # 726660 (4)**

1. Corporation Name

**CROSS FOX CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5300 N.E. 24TH TERRACE  
FORT LAUDERDALE FL 33308**

Mailing Address

**5300 N.E. 24TH TERRACE  
FORT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified  
**06/12/1973**

3a. Date of Last Report  
**09/21/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, PAUL  
5600 NE 24TH TERR  
OFFICE  
FORT LAUDERDALE FL 33308**

81 Name **MOORE, PAUL G.**  
82 Street Address (P.O. Box Number is Not Acceptable) **5300 N.E. 24TH TERR**  
83 **OFFICE**  
84 City **Fort Lauderdale** FL 85 Zip Code **33308**

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

*Paul G. Moore*

**PAUL G. MOORE**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, CHERI	
STREET ADDRESS	5321 NE 24 TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	QUILLA, PETER III	
STREET ADDRESS	5321 NE 24 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KUBLIK, DORIS	
STREET ADDRESS	5431 NE 25 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PATALANO, VINCENT	
STREET ADDRESS	5300 NE 24 TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TESSNER, INGE	
STREET ADDRESS	5300 NE 24TH TERR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCAPARRO, BOB	
STREET ADDRESS	5300 NE 24TH TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN, HILL H.	
1.3 STREET ADDRESS	5300 N.E. 24TH TERR # 514C	
1.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VINNY PATALANO	
2.3 STREET ADDRESS	5300 NE 24TH TERR. # 211C	
2.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	
3.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RON MCCOY	
3.3 STREET ADDRESS	5300 NE 24TH TERR. # 127C	
3.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	
4.1 TITLE	TRAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOE DEPOTO	
4.3 STREET ADDRESS	5300 NE 24TH TERR. # 308C	
4.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETER QUILLA III	
5.3 STREET ADDRESS	5321 NE 24TH AVE. # 507A	
5.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHARLES CIPOLLA	
6.3 STREET ADDRESS	5300 NE 24TH TERR. # 530C	
6.4 CITY - ST - ZIP	FT LAUDERDALE, FL. 33308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Allen H. Allen Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Allen H. Allen Pres.**

1/17/96

Date

(954) 772-9310

Daytime Phone #

CR2E037 (12/95)