

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

06/12/1973

4. FEI Number

59-1570961

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

CONDO.

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES	
STREET ADDRESS	5300 NE 24TH TERR., #210A	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VOGEL, HENRY	
STREET ADDRESS	5300 NE 24TH TERR., #101C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, LORI	
STREET ADDRESS	5300 NE 24TH TERR., #321C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCOY, RON	
STREET ADDRESS	5300 NE 24TH TERR., #127C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERN, LEONARD	
STREET ADDRESS	5321 NE 24TH AVE., #311A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAULDING, SHIRLEY	
STREET ADDRESS	5300 NE 24TH TERR., #516C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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:

CHARLES D ALBERT 2/10/98

CR2E037 (10/97)