

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 042 ****61.25

DOCUMENT # 726660

1. Entity 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

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

59-1570961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, EMMA	
STREET ADDRESS	5300 NE 24TH TERR. 105 C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPAULDIN, SHIRLEY	
STREET ADDRESS	5300 N.E. 24TH TERR., #516C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAHN, STEPHANIE	
STREET ADDRESS	5300 NE 24TH TERR. #319 C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, JAMES	
STREET ADDRESS	5300 N.E. 24TH TERR. #413 C	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	TESSNER, INGEBORG	
STREET ADDRESS	5300 N.E. 24TH TERR. #106C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEER, BARBARA	
STREET ADDRESS	5300 N.E. 24TH TERR #104 C	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA TANCALI	
STREET ADDRESS	5300 NE 24TH	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Vinning	
STREET ADDRESS	5300 NE 24th Terr	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laine Petrucci	
STREET ADDRESS	5300 NE 24th Terr	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHIE MINICONZO	
STREET ADDRESS	5300 NE 24th Terr	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

President 1/30/04