

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAMBARDELLA, JEANNE PRES
STREET ADDRESS	5300 NE 24 TERR C210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VP
NAME	PASSASSANTI, PAT VP
STREET ADDRESS	5300 NE 24TH TERR, C-129
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	S
NAME	WHYNOT, RUSSELL SECY
STREET ADDRESS	5321 NE 24 TERR. B302
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	T
NAME	SIMMONS, GENE TRES
STREET ADDRESS	5300 NE 24TH TERR, C323
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	SPAULDING, SHIRLEY DIR
STREET ADDRESS	5300 NE 24TH TERR. C519
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	D
NAME	VOGEL, HANK DIR
STREET ADDRESS	5300 NE 24TH TERR, C314
CITY-ST-ZIP	FT LAUDERDALE, FL 33308

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01/15/08-80046-022 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/08 954-772-9310