

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90248 008 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Robert Kaye & Associates, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6261 NW 6th Way, Suite 103**  
City **Fort Lauderdale** FL Zip Code **33309**

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

*Robert Kaye President*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, EMMA</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. 105 C</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NACLERIO, JOHN</b>	
STREET ADDRESS	<b>5321 NE 25TH AVE. #307 A</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KAHN, STEPHANIE</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. #319 C</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTORILLA, ANA M</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. #211 C</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GAMBARDILLA, JEANNE</b>	
STREET ADDRESS	<b>5300 N.E. 24TH TERRACE #129C</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPAULDING, SHIRLEY</b>	
STREET ADDRESS	<b>5300 NE 24TH TERRACE, #516 C</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAULDIN SHIRLEY</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. #516C</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>JAMES MILLER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5300 NE 24TH TERR. #43C</b>	
STREET ADDRESS	<b>FT LAUDERDALE FL. 33308</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TESSNER, INGEBORG</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. #106C</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARBARA SHEER</b>	
STREET ADDRESS	<b>5300 NE 24TH TERR. #104C</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33308</b>	

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 REQUIRED FOR INGEBORG TESSNER 1/20/03 954-7729310*

CR2E037 (10/02)