2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 722211

1. Entity Name
CROSSWAY ASSOCIATION, INC

Principal Place of Business	Mailing Address
4000 OCEAN BEACH BLVD., COCOA BEACH, FL 32931 US	PO BOX 372670 SATELLITE BEACH, FL 32937 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04172005   Chg-NP   CR2E037 (10/03)

4. FEI Number
59-1408195

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEPENDABLE PROPERTY MANAGEMENT OF BREVARD, INC./ ATTN: LARRY HALL
446 ROSEDALE DR
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name Peter Davis

Street Address (P.O. Box Number is Not Acceptable) 1980 N Atlantic Ave #201

City Cocoa Beach   FL   Zip Code 32931

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 _____   4/25/05

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, 2005

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 PD **NAME** STONER, PAUL **STREET ADDRESS** 4000 OCEAN BEACH BLVD., #4G **CITY-ST-ZIP** COCOA BEACH, FL 32931	☐ Delete	TITLE SD NAME Williams, Maxine STREET ADDRESS 4000 Ocean Beach Blvd CITY-ST-ZIP Cocoa Beach FL 32931	☐ Change ☒ Addition
TITLE AVD **NAME** GRIPPO, VITO **STREET ADDRESS** 3000 OCEAN BEACH BLVD., #3F **CITY-ST-ZIP** COCOA BEACH, FL 32931	☐ Delete	TITLE D NAME Brust, Norman STREET ADDRESS 4000 Ocean Beach Blvd # 4C CITY-ST-ZIP Cocoa Beach FL 32931	☐ Change ☒ Addition
TITLE SD **NAME** MCMULLEN, HOPE **STREET ADDRESS** 4000 OCEAN BEACH BLVD #5H **CITY-ST-ZIP** COCOA BEACH, FL 32931	☒ Delete	TITLE D NAME Swensen, Dan STREET ADDRESS 4000 Ocean Beach Blvd # 10 CITY-ST-ZIP Cocoa Beach FL 32931	☐ Change ☒ Addition
TITLE TD **NAME** SCHLERNITZAUER, PHIL **STREET ADDRESS** 4000 OCEAN BEACH BLVD #5C **CITY-ST-ZIP** COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD **NAME** HAMMOND, BOB **STREET ADDRESS** 4000 OCEAN BEACH BLVD #3D **CITY-ST-ZIP** COCOA BEACH, FL 32931	☐ Delete	TITLE NAME Hammond, Bob STREET ADDRESS 4000 Ocean Beach Blvd # 3D CITY-ST-ZIP Cocoa Beach FL 32931	☒ Change ☐ Addition
TITLE ATD **NAME** WEIND, PAUL **STREET ADDRESS** 4000 OCEAN BEACH BLVD #5H **CITY-ST-ZIP** COCOA BEACH, FL 32931	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   4-25-05   321-784-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #