

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 038 ****61.25



DOCUMENT # 722211		1. Entity Name CROSSWAY ASSOCIATION, INC	
Principal Place of Business 4000 OCEAN BEACH BLVD., COCOA BEACH, FL 32931 US		Mailing Address PO BOX 372670 SATELLITE BEACH, FL 32937 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>200 North First Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Cocoa Beach Florida</i>	
Zip	Country	Zip	Country
		<i>32931</i>	<i>Brevard</i>
4. FEI Number 59-1408195		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, PETEY 1980 N. ATLANTIC AVE #701 COCOA BEACH, FL 32931		Name <i>Marilyn A. Rigerman</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>200 North First Street</i>	
		City <i>Cocoa Beach</i> FL Zip Code <i>32931</i>	
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 <i>Marilyn A. Rigerman</i>		Marilyn A. Rigerman 1-25-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D	STONER, PAUL <input checked="" type="checkbox"/> Delete	TITLE D	Sue Ellen Hastings <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4000 OCEAN BEACH BLVD., #4G	NAME	4000 Ocean Beach Blvd.
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	Cocoa Beach FL 32931
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	GRIPPO, VITO <input type="checkbox"/> Delete	TITLE	
NAME	3000 OCEAN BEACH BLVD., #3F	NAME	
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	WILLIAMS, MAXINE <input checked="" type="checkbox"/> Delete	TITLE TD	Maria Lima <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4000 OCEAN BEACH BLVD	NAME	4000 Ocean Beach Blvd.
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	Cocoa Beach FL 32931
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	SCHLERNITZAUER, PHIL <input type="checkbox"/> Delete	TITLE D	
NAME	4000 OCEAN BEACH BLVD #5C	NAME	
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	SWENSON, DON <input type="checkbox"/> Delete	TITLE	
NAME	4000 OCEAN BEACH BLVD., #1D	NAME	
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	WIGMAN, JOHANNA <input type="checkbox"/> Delete	TITLE	
NAME	4000 OCEAN BEACH BLVD., #1B	NAME	
STREET ADDRESS	COCOA BEACH, FL 32931	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	