


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 722211</b> 1. Entity Name <b>CROSSWAY ASSOCIATION, INC</b>					
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 #  Suite, Apt. #, etc.		3. Mailing Address <b>200 North First Street</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Cocoa Beach Florida</b> Zip <b>32931</b>		Country <b>Brevard</b>	
4. FEI Number <b>59-1408195</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DAVIS, PETEY</b> <b>1980 N. ATLANTIC AVE #701</b> <b>COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name <b>Marilyn A. Rigerman</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 North First Street</b>  City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b>		
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 <u><i>Marilyn A. Rigerman</i></u> <b>Marilyn A. Rigerman</b> <b>1-25-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>STONER, PAUL</b> <b>4000 OCEAN BEACH BLVD., #4G</b> <b>COCOA BEACH, FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GRIPPO, VITO</b> <b>3000 OCEAN BEACH BLVD., #3F</b> <b>COCOA BEACH, FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WILLIAMS, MAXINE</b> <b>4000 OCEAN BEACH BLVD</b> <b>COCOA BEACH, FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>SCHLERNITZAUER, PHIL</b> <b>4000 OCEAN BEACH BLVD #5C</b> <b>COCOA BEACH, FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>SWENSON, DON</b> <b>4000 OCEAN BEACH BLVD., #1D</b> <b>COCOA BEACH, FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>WIGMAN, JOHANNA</b> <b>4000 OCEAN BEACH BLVD., #1B</b> <b>COCOA BEACH, FL 32931</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sue Ellen Hastings</b> <b>4000 Ocean Beach Blvd.</b> <b>Cocoa Beach FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Maria Lima</b> <b>4000 Ocean Beach Blvd.</b> <b>Cocoa Beach FL 32931</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <u><i>Don Swenson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					