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Mar 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729635 (3)
1. Corporation Name

CROSS BRIAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7501-07 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

P.O. BOX 26045
TAMARAC FL 33320



3. Date Incorporated or Qualified

04/26/1974

4. FEI Number

59-2093357

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 7501 Kimberly Blvd

22 City & State

27 City & State

23

28 North Lauderdale FL

24 Zip

25 Country

29 33068

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHMAN, CHARLES
7503 KIMBERLY PLACE #146
NORTH LAUDERDALE FL 33068

81 Name FISHMAN, Charles

82 Street Address (P.O. Box Number is Not Acceptable)

7521 SW 1 ST

MARGATE, FL.

84 City

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Charles S Fishman, Pres.

2/26/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FISHMAN, CHARLES
STREET ADDRESS 7503 KIMBERLY PLACE
CITY-ST-ZIP N. LAUDERDALE FL 33068

1.1 TITLE PD
1.2 NAME FISHMAN, Charles
1.3 STREET ADDRESS 7521 SW 1 ST
1.4 CITY-ST-ZIP MARGATE, FL 33068

TITLE VD
NAME FRANKEL, GARY
STREET ADDRESS 6500 S.W. 9TH PLACE
CITY-ST-ZIP N LAUDERDALE FL 33068

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME GRILLO, JAMES
STREET ADDRESS 1864 ADVENTURE PLACE
CITY-ST-ZIP N LAUDERDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles S Fishman

2/26/98

CR2E037 (10/97)