


FILE NOW: FILING FEE IS \$61.25

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Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729635					
1. Corporation Name CROSS BRIAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7501-07 KIMBERLY BLVD NORTH LAUDERDALE FL 33068			Mailing Address 7501 KIMBERLY BLVD NORTH LAUDERDALE FL 33068 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/26/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2093357	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent FISHMAN, CHARLES 7521 SW 1 ST MARGATE FL 33068				10. Name and Address of New Registered Agent 81 Name Maryellen Echelmeier 82 Street Address (P.O. Box Number is Not Acceptable) 7501 Kimberly Blvd # 83 Townhouse # 116 84 City North Lauderdale FL 85 Zip Code 33068			
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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 Maryellen Echelmeier DATE 6/24/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHMAN, CHARLES			1.2 NAME	Maryellen Echelmeier		
STREET ADDRESS	7521 SW 1ST			1.3 STREET ADDRESS	7501 KIMBERLY BLVD #116		
CITY-ST-ZIP	MARGATE FL 33068			1.4 CITY-ST-ZIP	North Lauderdale, FL 33068-2367		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, GARY			2.2 NAME	GARY D VIRTUE		
STREET ADDRESS	6500 S.W. 9TH PLACE			2.3 STREET ADDRESS	7507 KIMBERLY BLVD # 130		
CITY-ST-ZIP	N LAUDERDALE FL 33068			2.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Best YVONNE P VIRTUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRILLO, JAMES			3.2 NAME	7507 KIMBERLY BLVD # 130		
STREET ADDRESS	1864 ADVENTURE PLACE			3.3 STREET ADDRESS	NORTH LAUDERDALE, FL 33068		
CITY-ST-ZIP	N LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 all other like empowered.

SIGNATURE: Maryellen Echelmeier DATE: 6/24/99 (954) 718-9532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)