

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 729635

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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



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-12/05/00--01092--039

\*\*\*\*236.25 \*\*\*\*236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9365 W. SAMPLE ROAD #203

4. Date Incorporated or Qualified To Do Business in Florida

04/26/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2093357

Applied For

Not Applicable

City & State

City & State

CORAL SPRINGS FL

Zip

Country

Zip

33065

Country

US

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD VD	ECHELMEIER, MARYELLEN	<del>7501 KIMBERLY BLVD #116</del> 9365 W Sample Rd #203	<del>N LAUDERDALE FL 33068</del> Coral Springs FL 33065
<del>VD</del> D	<del>VIRTUE, GARY D</del> Dowdie, Judy	<del>7507 KIMBERLY BLVD #130</del> 9365 W Sample Rd #203	<del>N LAUDERDALE FL 33068</del> Coral Springs FL 33065
<del>SD</del> D	<del>VIRTUE, YVONNE P</del> Massey, Craig	<del>7507 KIMBERLY BLVD #130</del> 9365 W Sample Rd #203	<del>N LAUDERDALE FL 33068</del> Coral Springs FL 33065
PD	Grillo, James	9365 W Sample Rd #203	Coral Springs FL 33065
SD	Eaton, Tina	9365 W Sample Rd #203	Coral Springs FL 33065
D	Hill, Elaine	9365 W Sample Rd #203	Coral Springs FL 33065

8. Name and Address of Current Registered Agent

~~ECHELMEIER, MARYELLEN~~  
~~7501 KIMBERLY BLVD~~  
~~TOWNHOUSE #116~~  
~~N LAUDERDALE FL 33068~~

9. Name and Address of New Registered Agent

Name

Anne M Saathoff c/o CMA

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

9365 W. Sample Rd #203

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/2000 954-752-4726