


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 729635 1. Entity Name CROSS BRIAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9365 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065			Mailing Address P.O. BOX 8506 CORAL SPRINGS FL 33075 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2093357	
Zip		Country		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	
SAATHOFF, ANNE M C/O CMA 9365 W SAMPLE RD #203 CORAL SPRINGS FL 33065				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	PD GRILLO, JAMES <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 8506 CITY - ST - ZIP CORAL SPRINGS FL 33075		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <div style="text-align: center; font-weight: bold;">U000000074894</div> <div style="text-align: center; font-weight: bold;">03/03/04-80035-023 61.25</div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	STD EATON, TINA <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 8506 CITY - ST - ZIP CORAL SPRINGS FL 33075		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD MASSEY, CRAIG <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 8506 CITY - ST - ZIP CORAL SPRINGS FL 33075		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D DOWDIE, JUDY <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 8506 CITY - ST - ZIP CORAL SPRINGS FL 33075		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D OLAH, BARBARA <input type="checkbox"/> Delete STREET ADDRESS P.O. BOX 8506 CITY - ST - ZIP CORAL SPRINGS FL 33075		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 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>Craig Massey</i> CRAIG MASSEY			954-752-4196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					