

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90012 040 ****61.25

DOCUMENT # 738165 1. Entity Name THE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 11578 SW 132 AVD MIAMI, FL 33186			Mailing Address 11578 SW 132 AVD MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1801747	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326				7. Name and Address of New Registered Agent 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 _____ Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D ROLDAN, GUSTAVO 10810 SW 136 CT MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLDAN, GUSTAVO 10810 SW 136 CT MIAMI, FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNZLER, ROBERT A 13428 SW 108 ST CIR N MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENOS, DONNA 13408 SW 113 TERR MIAMI, FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLINGER, LESLIE 13252 SW 112 TERR MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELLINGER-ACEITUNO, LESLIE 13252 SW 112 TERR MIAMI, FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINNOT, JACK 10930 SW 136 CT MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREA, MARCELO 11774 SW 135 CT MIAMI, FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKMON, LILLIAN 13401 SW 113 TERRACE MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, KATHY 13339 SW 112 TERR #2 MIAMI, FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIN, CLIFF 11746 SW 132ND PL MIAMI, FL 33186	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, MATT 11103 SW 132 CT#4 MIAMI, FL 33186	☐ Change ☒ 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.					
SIGNATURE: <u>Donna M Enos V.P.</u> <u>Donna M Enos</u> <u>3-30-08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					