

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 744923

1. Entity Name
**THE CROSSROADS BUILDING CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1897 PALM BEACH LAKES BLVD., #226
WEST PALM BEACH, FL 33409**

Mailing Address
**1897 PALM BEACH LAKES BLVD., #226
WEST PALM BEACH, FL 33409**



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1936387	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARNER, RONALD
1897 PALM BEACH LAKES BLVD., #226
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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, typed 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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, MICHAEL 1897 PALM BEACH LAKES BLVD., #218 WEST PALM BEACH, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARNER, RONALD 1897 PALM BEACH LAKES BLVD., #226 WEST PALM BEACH, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MALT, ROBERT C 1897 PALM BEACH LAKES BLVD., #204 WEST PALM BEACH, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, STUART 1897 PALM BEACH LAKES BLVD., #215 WEST PALM BEACH, FL 33409
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/02/04-80052-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 (561) 686-8666
Date Daytime Phone #