

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 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**



**DO NOT WRITE IN THIS SPACE**

03132005 No Chg-NP CR2E037 (10/03)

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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03/18/05-80049-018 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)(f), 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]*

**RONALD D. WARNER**

Date

**3/16/5**

Daytime Phone #

**(561) 686-8661**