


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744923</b> 1. Entity Name <b>THE CROSSROADS BUILDING CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1897 PALM BEACH LAKES BLVD., #226 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>1897 PALM BEACH LAKES BLVD., #226 WEST PALM BEACH, FL 33409</b>
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1936387</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

U00000767758  
07/10/07-80017-022 61.25

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:**  **7/5/7** **(561) 686-8662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #