

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07022008 No Chg-NP CR2E037 (4/06)

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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 September 12, 2008**

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

U00000954279
07/11/08-80007-007 61.25

**DO NOT WRITE
IN THIS SPACE**

2nd filing for 2008

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/8

Date

(561) 860-8666

Daytime Phone #