## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 747977

1. Corporation Name

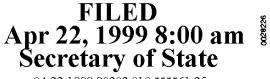
THE CROSSINGS VILLAGE HOMES CONDOMINIUM ASSOCIAT ION, INC.

Principal Place of Business 11578 S.W 132 AVE

Mailing Address

MIAMI FL 33186

11578 S.W. 132 AVE MIAMI FL 33186



04-22-1999 90202 010 \*\*\*\*61.25

US	U	S				Midty Didit Albit midts midte tant	
	•						
2. Principal Place of Busi	iness 2a	. Mailing Address			3. Date Incorporated or Qualifed 07/05/1979		
···		Suite, Apt. #, etc.	ite, Apt. #, etc.		4. FEI Number 59-1944288	Applied For Not Applicable	
City & State	28	City & State		· · ·	5. Certificate of Status Desired	*** \$8.75 Additional Fee Required	
Zip	Country 29	Zip Cou	intry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name	 ·		
SKRLD, INC 201 ALHAMBRA CIR. SUITE 1102			82	82 Street Address (P.O. Box Number is Not Acceptable)			
S1102			83			·	
MIAMI FL 33134			84	City		L 85 Zip Code	
office or registered a	sions of Sections 617.0502 and 6 gent, or both, in the State of Flori vith, and accept the obligations of	da. Such change was authorize	i by i	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its registered pointment as registered	

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 1.1 TITLE TITLE PIETROBONO, MARILYN MOLDOFF, MARTIN 1.2 NAME NAME 11415-2 SW 133 CT 11434 3 SW 132ND PL STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DFLETE TITLE VPD 2.1 TITLE GOLDMAN, LAURIE 2.2 NAME NAME 11435-4 SW 133 CT 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIF ☐ Change ☐ DELETE ☐ Addition 3.1 TITLE TITLE PD NASSAR, DINA 3.2 NAME NAME 11249-4 SW 133 CT 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-7iP ☐ Addition DELETE 4.1 TITLE TITLE SD HOYT, KATHY 4. 2 NAME NAME 13339-2 SW 112 TERR 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TILE 5,2 NAME JOHNSON, PAMELA NAME 13233 S.W. 110TH TERRACÉ 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachme with an address, with all other like empowered.

SIGNATURE:

CR2E037-(11/98)