


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

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 747977 1. Entity Name THE CROSSINGS VILLAGE HOMES CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 11578 S.W. 132 AVE MIAMI, FL 33186 US	Mailing Address 11578 S.W. 132 AVE MIAMI, FL 33186 US
---	---

DO NOT WRITE IN THIS SPACE



03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1944288	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GOODMAN-GUENTHER, JOYCE P.A. 10723 SW 104 STREET MIAMI, FL 33186	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000876593 04/11/08-80077-015 61.25
---	--	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBKIN, JOSEPH 13239 SW 112 TERR, #4 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIETROBONO, MARILYN 11435-4 SW 133 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIS, MICHAEL 11415 SW 133 CT #3 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOYT, KATHY 13339 SW 112 TERR #2 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINSTEIN, MATT 11103-4 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, RICKI M 11103 SW 132 CT #3 MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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:  **3-26-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #