

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764895

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: THE CROSSROADS CLUB, INC.

**Current Principal Place of Business:**

1700 LAKE IDA ROAD  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 LAKE IDA ROAD  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 59-2224993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMSTONG, DAVID G  
CHAPIN & ARMSTRONG  
4600 N. OCEAN BLVD., STE. 206  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALLERTON, GEORGE M.  
Address: 102 NW 12TH ST  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD ( ) Delete  
Name: DOWDLE, STACEY  
Address: 1030 LANGER WAY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: BREMAN, SID  
Address: 4630 HAMMOCK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD ( ) Delete  
Name: PALMER, LINDA  
Address: 2892 S.W. 6TH STREET  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA W. PALMER

SD

01/21/2009

Electronic Signature of Signing Officer or Director

Date