

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008494

1. Entity Name
FIRST HOUSING CROSSINGS, INC.



Principal Place of Business

422 7TH ST., STE 2
WEST PALM BEACH, FL 33401

Mailing Address

422 7TH ST., STE 2
WEST PALM BEACH, FL 33401



01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
31-1748690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, PAULA J
422 7TH ST., STE 2
WEST PALM BEACH, FL 33401

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

U00000128194
04/26/04-80029-010 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERMONT, PETER L
STREET ADDRESS 422 7TH ST., STE 2
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME NATHAN, MARTIN
STREET ADDRESS 1779 TIGER TAIL AVE.
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME RYAN, PAULA
STREET ADDRESS 269 QUEENS LN.
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #