

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 033 ****61.25

DOCUMENT # N01000004931

1. Entity Name

CROSS ROADS ESTATES HOMEOWNERS ASSOC. INC.



DO NOT WRITE IN THIS SPACE

44051871

2. Principal Place of Business

5767 SW 54th Trail
Suite, Apt. #, etc.

3. Mailing Address

4315 Hilo ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jasper, FL

City & State

Orlando FL

4. FEI Number

54-2127094

Applied For

Not Applicable

Zip

32052

Country

USA

Zip

32822

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Rita K Brady

Street Address (P.O. Box Number is Not Acceptable)

4315 Hilo Street

City

Orlando

FL

Zip Code

32822

**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

Rita K Brady

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-04

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rita K. BRADY President
4315 Hilo St.
Orlando, FL 32822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DENNIS PRICE SEC.
4974 62nd ST
LIVE OAK FL 32060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas
RANCE BRADY
5767 SW 54th TRAIL
Jasper, FL 32052

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rita K Brady

Rita K BRADY

8/10/04

(407) 282-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)