

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

FILED
May 18, 2005 8:00 am
Secretary of State

DOCUMENT # *No1000004931*

1. Entity Name

CROSSROADS ESTATES HOMEOWNERS' ASSOCIATION, INC.



05-18-2005 90233 001 ****61.25
05-18-2005 90233 002 ****8.75

DO NOT WRITE IN THIS SPACE

66017772

2. Principal Place of Business

5787 SW 54th TRAIL

Suite, Apt. #, etc.

3. Mailing Address

5787 SW 54th TRAIL

Suite, Apt. #, etc.

City & State

JASPER, FL

City & State

JASPER, FL

4. FEI Number

54-2127094

Applied For

Not Applicable

Zip

32052

Country

HAMILTON

Zip

32052

Country

HAMILTON

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

7. Name and Address of Current Registered Agent

Name *Wilma L. Ezell*

Street Address (P.O. Box Number is Not Acceptable)
5787 SW 54th TRAIL

JASPER

City

FL

Zip Code

32052

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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 *Wilma L. Ezell*
Wilma L. Ezell

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

(NOTE: Registered Agent signature required when reinstating)

5/16/05
DATE

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 *PRESIDENT*
NAME *CLINT L. BURLISON*
STREET ADDRESS *4875 Schott Rd.*
CITY-ST-ZIP *MAYVILLE, MI 48744*

TITLE *SECRETARY*
NAME *PRISCILLA DUTCHE*
STREET ADDRESS *127 NORTH LAKE CORTEZ DRIVE*
CITY-ST-ZIP *APOPKA, FL 32703*

TITLE *TREASURER*
NAME *Wilma L. Ezell*
STREET ADDRESS *5787 SW 54th TRAIL*
CITY-ST-ZIP *JASPER, FL 32052*

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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: *Wilma L. Ezell, Treasurer*

5/16/05 386-938-4405

CR2E037B (12/02)