

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004931

1. Entity Name
**CROSS ROADS ESTATES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**5787 SW 54TH TRAIL
JASPER, FL 32052**

Mailing Address
**5787 SW 54TH TRAIL
JASPER, FL 32052**

FILED

06 SEP 26 PM 3:18

SECRETARY OF STATE
TREASURY FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202006 REIN-NP

CR2E099 (11/05)

06

4. FEI Number
54-2127094

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EZELL, WILMA
5787 SW 54TH TRAIL
JASPER, FL 32052**

Name

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

City

FL

Zip Code

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 Ezell *Wilma Ezell*

9-20-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BURLESON, CLINT
4875 SCHOTT RD
MAYVILLE, MI 48744**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400080188694
09/26/06--01086--011 **61.25**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DURTCHE, PRISCELLA
127 NORTH LAKE CORTEZ DRIVE
APOPKA, FL 32703**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400080188694
09/26/06--01086--012 **8.75**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
EZELL, WILMA
5787 SW 54TH TRAIL
JASPER, FL 32052**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ppg/21

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Wilma Ezell *Wilma Ezell*

9-20-06

386-938-
4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURE