


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90274 001 ****61.25

04-21-2008 90274 002 *****8.75

DOCUMENT # N01000004931			
1. Entity Name CROSS ROADS ESTATES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5669 SW 54TH TRAIL JASPER FL 32052		Mailing Address 5669 SW 54TH TRAIL JASPER FL 32052	
2. Principal Place of Business - No P.O. Box # 5669 SW 54TH TRAIL		3. Mailing Address 5669 SW 54TH TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JASPER FL.		City & State JASPER FL.	
Zip 32052	Country HAMILTON	Zip 32052	Country HAMILTON
6. Name and Address of Current Registered Agent BOIVIN, DOLORES 5669 SW 54TH TRAIL JASPER FL 32052		7. Name and Address of New Registered Agent 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: <u>Dolores A Boivin</u> DATE: <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDON (JOE) TODD 3311 GRIFFIN RD. ZEPHYRHILLS FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURTCH, PRISCILLA 127 NORTH LAKE CORTEZ DRIVE APOPKA FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOHN (JACK) RADER OFF. 11839 HICKORY HOLLOW DRIVE TAMPA, FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZELL, WILMA 5787 SW 54TH TRAIL JASPER FL 32052 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIZABETH M. BLEES 13173 153RD NORTH ROAD JUPITER FL 33478 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. DOLORESA (DOLLY) BOIVIN 5669 SW 54TH TRAIL JASPER, FL 32052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dolores A Boivin DATE: 4/4/08