

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004931

FILED
Apr 07, 2009
Secretary of State

Entity Name: CROSS ROADS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5669 SW 54TH TRAIL
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

5669 SW 54TH TRAIL
JASPER, FL 32052

New Mailing Address:

FEI Number: 54-2127094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOIVIN, DOLORES
5669 SW 54TH TRAIL
JASPER, FL 32052 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURLESON, CLINT
Address: 3311 GRIFFIN RD
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: VP () Delete
Name: RADLOFF, JOHN
Address: 11839 HICKORY NUT DRIVE
City-St-Zip: TAMPA, FL 33625

Title: S () Delete
Name: BLEES, ELIZABETH M
Address: 13173 153RD NORTH ROAD
City-St-Zip: JUPITER, FL 33478

Title: T () Delete
Name: BOLVIN, DOLORESA
Address: 5669 SW 54TH TRAIL
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, JAMES
Address: 5767 SW 54TH TRAIL
City-St-Zip: JASPER, FL 32052

Title: VP (X) Change () Addition
Name: BOIVIN, DONALD
Address: 5669 SW 54TH TRAIL
City-St-Zip: JASPER, FL 32052

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOLVIN, DOLORES
Address: 5669 SW 54TH TRAIL
City-St-Zip: JASPER, FL 32052

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES BOIVIN

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date