
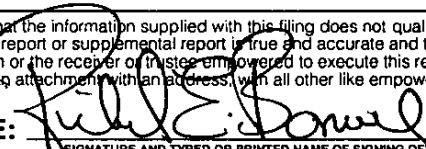


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90020 049 \*\*\*\*61.25

<b>DOCUMENT # N02000005942</b>					
1. Entity Name <b>CROSSROADS PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CORNETT GOODE &amp; ASSOC., P.A. 401 E. OSCEOLA STREET, 1ST FLOOR STUART, FL 34994</b>			Mailing Address <b>2229 S. KRAMER ATTN: JOANN CADREAU STUART, FL 34994</b>		
2. Principal Place of Business			3. Mailing Address <b>2229 S. KRAMER HWY</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>STUART FL</b>		
Zip	Country	Zip	Country		
<b>34994</b>	<b>USA</b>	<b>34994</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORNETT, JANE L ESQ CORNETT, GOODE &amp; ASSOCIATES, P.A. 401 E OSCEOLA ST STUART, FL 34994</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONVIE, RICHARD E		NAME		
STREET ADDRESS	4567 WEST TRADEWIND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAEPTFUHRER, BARNEY		NAME		
STREET ADDRESS	4000 N. AIA, APT 502		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, JAMES		NAME		
STREET ADDRESS	514 B S.E. PORT ST. LUCIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOULD, LEE		NAME		
STREET ADDRESS	5201 OKEEHOBEE ROAD		STREET ADDRESS	<b>PO Box 220928</b>	
CITY-ST-ZIP	FT. PIERCE, FL 34947		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33422</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>7/10/06</b> Daytime Phone #: <b>954-772-6633</b>					

**50022352**



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**03-0487759**

Applied For  
☐ Not Applicable

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