

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005942

FILED
Apr 14, 2009
Secretary of State

Entity Name: CROSSROADS PARK OF COMMERCE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNETT GOOGE & ASSOC., P.A.
401 E. OSSCOLA STREET, 1ST FLOOR
STUART, FL 34994

New Principal Place of Business:

C/O CORNETT GOOGE & ASSOC., P.A.
401 E. OSCEOLA STREET, 1ST FLOOR
STUART, FL 34994

Current Mailing Address:

2229 SOUTH KANNER HWY
STUART, FL 34994

New Mailing Address:

FEI Number: 03-0487759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994 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: PD () Delete
Name: BONVIE, RICHARD E
Address: 4567 WEST TRADEWIND AVENUE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: VD () Delete
Name: HAEPTFUHRER, BARNEY
Address: 4000 N. AIA, APT 502
City-St-Zip: FT. PIERCE, FL 34949

Title: SD () Delete
Name: CARR, JAMES
Address: 514 B S.E. PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: TD (X) Delete
Name: GOULD, LEE
Address: PO BOX 220928
City-St-Zip: WEST PALM BEACH, FL 33422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: CARR, JAMES
Address: 514 B S.E. PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

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

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: RICHARD E. BONVIE

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date