FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # NO2528

(0)

COURTYARDS IN THE CROSSINGS ASSOCIATION, INC.

Principal	Place	of	Business
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Mailing Address

11578 S.W. 132ND AVENUE

11578 S.W. 132ND AVENUE



MIAMI FL 33186		MIAMI FL 33186									
						3. Date Incorporat 04/10/19		3a. Date 03	of Last /01/1		
	lace of Business	2a. Mailing Address				4. FEI Number	\FP			Applied For	
21		26				59-24903	555			Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. # 27			etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	θ	City & State				6. Election Campa Trust Fund Con				May Be	
Zip 24	Country 25	Zip 29	30	ntry		This corporation Florida Statutes		tangible tax u Yes 🗀 Ne		199.032,	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Add	dress of New Re	gistered Ag	ent		
				81	Name						
	EID, KIPNIS, RIVERA			82	Street Addr	ress (P.O. Box Number	is Not Acceptable)			
	IAMBRA CIRCLE, SUITE 1102							,			
CORAL (GABLES FL 33146			83							
				84	Oity			FL	85 Zi	p Code	
or register	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authorize	ed by the c	ve-nar orpora	med corpor ation's boar	ration submits this state rd of directors. I hereby	ment for the purpo accept the appoir	ose of chang ntment as rec	ing its r gistered	registered office Lagent. Lam	
	Signature, typed or printed name of registered agent			Agent s	gnature required	d when reinstating		DATÉ			
12.		D DIRECTORS	13.			ADDITIONS/CH.	ANGES TO OFFIC			· · · · · · · · · · · · · · · · · · ·	
TITLE	PD GLICK, BURTON	DELETE	1111						Change	Addition	
NAME STREET ADDRESS	13270 SW 113 TERRACE		1.2 NA								
CITY-ST-ZIP	MIAMI FL			REET AD							
TITLE	TD	DELETE	2.1 TIT	Y-SI-Z	ZIP				Change	Addition	
NAME	MCGINLEY, BARBARA		2.2 NA					٠٠.	onunge	L.J ROGIION	
STREET ADDRESS	13254 SW 112TH TERRACE			REET AD	DDRESS						
CITY-ST-ZIP	MIAMI FL			12-YI							
TITLE	VSD	DELETE	3 1 11			7D		X	Change	☐ Add₁tion	
NAME	DRIES, BETTY		3 2 NA	ME		RIES, BETT					
STREET ADDRESS	13273 SW 112 TERRACE		3.3 ST	REET AD		3273 S.W.		R			
CITY-ST-ZIP	MIAMI FL	N3ne. eve		TY-ST-	ZIP M	IIAMI, FL	33186				
TITLE	D CALLAS BOLICE	™ DELETE	4.1 TIT						Change	☐ Addition	
NAME	CALLAS, BRUCE 11356 S.W. 132ND COURT		4. 2 NA								
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			REET AD							
TITLE	D	DELETE	5 1 TIT	Y - \$T - Z	ZIP'				Change	Addition	
NAME	KALISH, JAY		5 2 NA					L) '	אלוושוולג	☐ Addition	
STREET ADDRESS	13278 S.W. 112TH TERRACE			REET AD	DRESS						
CITY-ST-ZIP	MIAMI FL			Y-SI-2	1						
TITLE	D	DELETE	6 1 TiT			D		7	Change	Addition	
NAME	ARRICK, STEPHEN A		6 2 NA	ME	, –	RRICK, STE	PHEN A	A4.	•		
STREET ADDRESS	13277 SW 112 TERRACE		6.3 ST	REET AD		3277 S.W.		R			
DITY-ST-ZIP	MIAMI FL		6.4 CH	Y-ST-Z		IAMI, FL	33186				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or an attachment with an address.

SIGNATURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Daytime Phone #