

DOCUMENT # N02528

1. Entity Name

COURTYARDS IN THE CROSSINGS ASSOCIATION, INC.**FILED**
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90100 027 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11578 S.W. 132ND AVENUE
MIAMI FL 3318611578 S.W. 132ND AVENUE
MIAMI FL 33186-4645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2490355

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGFREID, KIPNIS, RIVERA
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33146

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GLICK, BURTON
STREET ADDRESS 13270 SW 113 TERRACE
CITY-ST-ZIP MIAMI FLTITLE VPD ☒ Change ☐ Addition
NAME ARRICK, STEPHEN
STREET ADDRESS 13277 S.W. 112 TERRACE
CITY-ST-ZIP MIAMI, FL 33186TITLE TD ☐ Delete
NAME MCGINLEY, BARBARA
STREET ADDRESS 13254 SW 112TH TERRACE
CITY-ST-ZIP MIAMI FLTITLE SD ☒ Change ☐ Addition
NAME FIORENZA, MARIA
STREET ADDRESS 11358 S.W. 132 COURT
CITY-ST-ZIP MIAMI, FL 33186TITLE VD ☒ Delete
NAME DRIES, BETTY
STREET ADDRESS 13273 SW 112 TERRACE
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME KALISH, JAY
STREET ADDRESS 13278 S.W. 112TH TERRACE
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☐ Delete
NAME ARRICK, STEPHEN A
STREET ADDRESS 13277 SW 112 TERRACE
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME FIORENZA, MARIA
STREET ADDRESS 11358 SW 132 CT
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

CR2E037 (9/99)