## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # N02528  1. Entity Name COURTYARDS IN THE CROSSINGS ASSOCIATION, INC.									03-29-20	004 90021	005 ****(	61.25
Principal Place of Business 11578 S.W. 132ND AVENUE MIAMI, FL 33186			1157	Mailing Address 11578 S.W. 132ND AVENUE MIAMI, FL 33186						94	U&314	D
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03182004	Chg-NP	CR2Ē	037 (10/03)		
City & State			City & State					4. FEI Number Applied For 59-2490355 Not Applicable				
Zip		Country	Žíj	Zip Co			5. Certificate of Status Desired Sta					
6. Name and Address of Current Registered Agent						Name		7. Name and A	Address of Ne	w Registered	d Agent	
SIEGFREID, KIPNIS, RIVERA 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33146				S			Street Address (P.O. Box Number is Not Acceptable)					
CORALGA		City						■ Zip Cod	le			
O The shows	parand patit	a pubmita this statement fo	v the euro	and of phonoing its	ragiotar		ragistar	and agent, or both	in the State o	F Florida Lar	L	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Car Trust Fund (			\$5.00 May Be Added to Fees Make check p Florida Departm				• •	
10.	Lunn	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHA	NGES TO OFF	ICERS AND I		
NAME STREET ADDRESS CITY-ST-ZIP	VPD ARRICK, STEPHEN 13277 S.W. 112 TERRACE MIAMI, FL 33186			Delete TIT NA STI			132.	LINGER, I 52 SW 112 MI, FL 33	2 TERR		Change	<b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRIES, B 13273 S.\ MIAMI, FI	W. 112 TERRACE		☐ Delete				· · ·			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLICK, B 13270 SV MIAMI, FI	V 113 LANE		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EY, BARBARA V 112 TERR. _ 33186		Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S, JAMES E (TED) W. 132 COURT W L. 33186		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS '- ST-ZIP					☐ Change	Addition
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 an other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO FRICER OR DIRECTOR  Daytime Phone #												