2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90178 033 ****61.25

DOCUMENT # N02528

1. Entity Name
COURTYARDS IN THE CROSSINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11578 S.W. 132ND AVENUE MIAMI, FL 33186	11578 S.W. 132ND AVENUE MIAMI, FL 33186

400000--

03272007 No Chg-NP CR2E037 (4/06)

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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

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

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARRICK, STEPHEN
STREET ADDRESS	13277 S.W. 112 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	DRIES, BETTY
STREET ADDRESS	13273 S.W. 112 TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TD
NAME	DELLINGER, LESLIE
STREET ADDRESS	13252 SW 112 TERR.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VPD
NAME	WILLIAMS, JAMES E (TED)
STREET ADDRESS	11221 S.W. 132 COURT W
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-28-07 305-382-7567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #