

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007020

FILED
Apr 30, 2008
Secretary of State

Entity Name: CROSSROADS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

925 SOUTH FEDERAL HWY, SUITE 400
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

925 SOUTH FEDERAL HWY, SUITE 400
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PROCACCI, PHILLIP J
925 SOUTH FEDERAL HWY, SUITE 400
BOCA RATON, FL 33432 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: PROCACCI,
Address: 925 SOUTH FEDERAL HWY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete
Name: KREMBLAS, DEBRA
Address: 925 SOUTH FEDERAL HWY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: KREMBLAS, BRAD
Address: 925 SOUTH FEDERAL HWY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432

Title: STD () Delete
Name: MARKOWITZ, LEONARD R
Address: 925 SOUTH FEDERAL HWY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PROCACCI, PHILIP J
Address: 925 SOUTH FEDERAL HWY, SUITE 400
City-St-Zip: BOCA RATON, FL 33432

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

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

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: PHILIP J. PROCACCI

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date