

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21980

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** CRICKLEWOOD PROPERTY OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

9401 OLD PINE ROAD  
BOCA RATON, FL 334283053

**New Principal Place of Business:**

**Current Mailing Address:**

9401 OLD PINE ROAD  
BOCA RATON, FL 334283053

**New Mailing Address:**

**FEI Number:** 65-0040046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARIS, GARY  
9401 OLD PINE RD.  
BOCA RATON, FL 33428 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: PRES  
Name: BARIS, GARY  
Address: 9401 OLD PINE ROAD  
City-St-Zip: BOCA RATON, FL 334283053

Title: V  
Name: KHOSROW, GANDJEI  
Address: 21928 CRICKLEWOOD TERRACE  
City-St-Zip: BOCA RATON, FL 334283053

Title: S  
Name: PISANO, TRACEY  
Address: 21946 WHITE PINE TERRACE  
City-St-Zip: BOCA RATON, FL 334283053

Title: T  
Name: LEVINE, RACHEL  
Address: 21946 WHITE PINE TERRACE  
City-St-Zip: BOCA RATON, FL 334283053

I hereby 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 all other like empowered.

SIGNATURE: GARY BARIS

PRES

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date