


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22283</b>	
1. Entity Name <b>THE CROSSBOW HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>POST OFFICE BOX 822085 SOUTH FLORIDA, FL 33082-2085</b>	Mailing Address <b>POST OFFICE BOX 822085 SOUTH FLORIDA, FL 33082-2085</b>
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**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0030021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, REGINALD  
6941 W WEDGEWOOD AVE  
DAVIE, FL 33331**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000907763 05/06/08-80001-008 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, REGINALD 6941 W WEDGEWOOD AVE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, NORMA 6946 W. WEDGEWOOD AVE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXPOSITO, MADELINE 6970 WEST WEDGEWOOD FORT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTOINE, HELEN C 6901 W. WEDGEWOOD AVE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALIDO, JANINE 6950 W. WEDGEWOOD AVE DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Helen Antoine HELEN ANTOINE-TREASURER 4-16-08 454-6802749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #