2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N22283

Entity Name: THE CROSSBOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 822085
SOUTH FLORIDA, FL 330822085

New Principal Place of Business:

6946 W.WEDGEWOOD AVENUE
SOUTH FLORIDA, FL 330822085

Current Mailing Address:

POST OFFICE BOX 822085
SOUTH FLORIDA, FL 330822085

New Mailing Address:

FEI Number: 65-0030021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, REGINALD
6941 W WEDGEWOOD AVE
DAVIE, FL 33331 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: BURNS, REGINALD
Address: 6941 W WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

Title: S ( ) Delete
Name: RUIZ, NORMA
Address: 6946 W. WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete
Name: EXPOSITO, MADELINE
Address: 6970 WEST WEDGEWOOD
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: T ( ) Delete
Name: ANTOINE, HELEN C
Address: 6901 W. WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete
Name: VALIDO, JANINE
Address: 6950 W. WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: COTARELO, ANTONIO
Address: 6966 W. WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

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: HELEN C. ANTOINE T 04/15/2009
Electronic Signature of Signing Officer or Director — Date