FILE NOW: FILING FEE IS $61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31870** **(1)**

1. Corporation Name

CROSSROADS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% NEIGHBORHOOD REALTY INC 2453 S THIRD ST JACKSONVILLE FL 32250 US	% NEIGHBORHOOD REALTY INC 2453 S THIRD ST JACKSONVILLE FL 32250 US

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o MAY Management Services	26 c/o MAY Management Services
Suite, Apt. #, etc. 22 10036 Sawgrass Dr. Suite 1	Suite, Apt. #, etc. 27 10036 Sawgrass Dr.Suite 1
City & State 23 Ponte Vedra, FL 32082	City & State 28 Ponte Vedra, FL 32082
Zip / Country 24 32082 / 25 USA	Zip / Country 29 32082 / 30 USA

4. FEI Number: 59-2975339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MCGARVEY, JAMES N JR
C/O NEIGHBORHOOD REALTY
2453 S. 3RD ST.
JACKSONVILLE BEACH FL 32250

10. **Name and Address of New Registered Agent**

81 Name: Patricia Arenas
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~10036 Sawgrass Drive, Suite 1~~
84 City: Ponte Vedra Beach **FL** 85 Zip Code: 32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE: Patricia Arenas
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	P/D	☐ Change ☒ Addition
NAME	MCGARVEY, JAMES		12 NAME	Novakoski, Nicole	
STREET ADDRESS	2453 S THIRD ST		13 STREET ADDRESS	188 Crosscove Circle	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	SD	☒ DELETE	21 TITLE	V/D	☐ Change ☒ Addition
NAME	KELLEY, PATRICIA H.		22 NAME	Minette, Barbara	
STREET ADDRESS	2453 S THIRD ST		23 STREET ADDRESS	309 Crossroad Lakes Drive	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		24 CITY-ST-ZIP	Ponte Vedra Beach,FL 32082	
TITLE	TD	☒ DELETE	31 TITLE	S/D	☐ Change ☒ Addition
NAME	HERRING, DINAH K		32 NAME	Maines, George	
STREET ADDRESS	2453 S THIRD ST		33 STREET ADDRESS	160 Patrick Mill Circle	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		34 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	TAS	☒ DELETE	41 TITLE	T/D	☐ Change ☒ Addition
NAME	WILLIAMS, L D		42 NAME	Carothers, Paul	
STREET ADDRESS	1010 E. ADAMS ST.		43 STREET ADDRESS	100 Crosscove Circle	
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	~~Ponte Vedra Beach,FL 32082~~	
TITLE		☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME			52 NAME	Hardison, Ed	
STREET ADDRESS			53 STREET ADDRESS	241 Patrick Mill Circle	
CITY-ST-ZIP			54 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		☐ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME			62 NAME	Goldstein, Rick	
STREET ADDRESS			63 STREET ADDRESS	125 Seaside Circle	
CITY-ST-ZIP			64 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nicole Novakoski 3-6-96 2735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N31870

ADDITIONAL DIRECTORS FOR CROSSROADS ASSOCIATION, INC.

D
Lee, John
160 Seaside Circle
Ponte Vedra Beach, FL 32082

D
Ricisak, Ken
156 Seaside Circle
Ponte Vedra Beach, FL 32082

D
McGarvey, James N. Jr.
2453 South 3rd Street
Jacksonville Beach, FL 32250