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O CROSBY, JOHN

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
C/O MAY MANAGEMENT SERVICES 10036 SAWGRASS DR SUITE 1 PONTE VEDRA FL 32082 US	C/O MAY MANAGEMENT SERVICES 10036 SAWGRASS DR SUITE 1 PONTE VEDRA FL 32082-3527 US

177 CROSSROAD LAKES DR 32082
PONTE VEDRA BCH, FL 32082

2. Principal Place of Business	2a. Mailing Address
21 c/o Four Seasons Mgmt	26 c/o Four Seasons Mgmt
Suite, Apt. #, etc. 22 10036 Sawgrass Dr. #3	Suite, Apt. #, etc. 27 P.O. Box 1159
City & State 23 Ponte Vedra Beach, FL	City & State 28 Ponte Vedra Beach, FL
Zip 24 32082 Country 25 USA	Zip 29 32004-1159 Country 30 USA

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 04/01/1996

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	10. Name and Address of New Registered Agent
~~ARENAS, PATRICIA~~ 10036 SAWGRASS DRIVE SUITE ~~1~~ 3 ~~2459 S. 3RD ST.~~ PONTE VEDRA BEACH FL 32082	81 Name: Donald J. Munch 82 Street Address (P.O. Box Number is Not Acceptable): Four Seasons Management 83 10036 Sawgrass Dr. #3 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: Donald Munch — 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	NOVAKOSKI, NICOLE		1.2 NAME	Woods, Stephen	
STREET ADDRESS	188 CROSSCOVE CIRCLE		1.3 STREET ADDRESS	136 Crosscove Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	MINETTE, BARBARA		2.2 NAME	FASS SHERWOOD	
STREET ADDRESS	309 CROSSROAD LAKES DRIVE		2.3 STREET ADDRESS	128 CROSSCOVE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	MAINES, GEORGE		3.2 NAME	Wondrow, Cindy	
STREET ADDRESS	160 PATRICK MILL CIRCLE		3.3 STREET ADDRESS	160 Crosscove Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME	CAROTHERS, PAUL		4.2 NAME	BRANHAM, DAVID	
STREET ADDRESS	100 CROSSOCOVE CIR		4.3 STREET ADDRESS	137 Crosscove Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	HARDISON, ED		5.2 NAME	Bourne, Lisa	
STREET ADDRESS	241 PATRICK MILL CIRCLE		5.3 STREET ADDRESS	125 Patrick Mill Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	GOLDSTEIN, RICK		6.2 NAME	Irwin Scott	
STREET ADDRESS	125 SESIDE CIRCLE		6.3 STREET ADDRESS	125 Seside Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] — 4/4/97