FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31870 1. Corporation Name

1998 1999

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90282 048 ****61.25

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904-285-1526

CROSSROADS ASSOCIATION, INC.					* 4 5 2 4 8 5 * 452485 - 90282 - 48						
	e of Business ir Seasons Managen Sawgrass Drive: Ste			s Mg	gmt	3. Date Incorporated or Qualified					
Ponte Vedra Beach, FL 32082 Ponte Vedra Bch FL					04/21/1989						
US US 32004				4. FEI Number		Ar	oplied For .				
				59-2975339		1 No	ot Applicable				
2. Principal Place of Business 2a. Mailing Address 21					- "	5: Certificate of Status Desired			Additional equired		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	,		
City & State City & State						7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No					
Zip	Country	Zip 30	Country	/		8. This corporation owes or has p Personal Property Tax due June			tangible No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent			
Munah	Donald		81	Name				,	•		
Munch, Donald 10036 Sawgrass Drive, Suite 3			82	Street	Addres	ress (P.O. Box Number is Not Acceptable)					
Ponte V	Vedra Beach, FL 32	082	83	1					1.		
		•	84	City			FL	85 Zip (Code		
11. Pursuant to	o the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes, t	the abov	e-named	corpor	ation submits this statement for the	purpose o	f changing it	s registered		
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was authoritions of Section 617.0503, Florida	orized by a Statute:	tne corp s.	poration	is board of directors. I hereby acce	pt the app	ointment as	registered		
SIGNATURE	Donald Much	Regi	stere		_			4/1	9/99		
	Jean Garelick			t signature	required	when reinstating)	DATE	- DIDECTOR			
12.	Director Preside	nt			г	ADDITIONS/CHANGES TO OFFI	CERS ANI	Change	Addition		
TITLE					·		☐ Change	Addition :			
STREET ADDRESS	104 Seaside Cir			,DDRESS	ĺ			•			
ciry-si-zip, ' Ponte Vedra Beach FL 32082				· ZIP							
TITLE A		AOTI L. GALVEL.	-	1				Change	☐ Addition		
NAME VD	Bill Horsley					_					
CTREET ADDRESS VP			T .~ .~	DDRESS					N 7		
CITY-ST-7IP			Inc	- ZIP					į		
NAME SD	245 Sea Mist Court							☐ Change	Addition 1		
STREET ADDRESS	Chervl Underwoo	od		DDRESS			•				
CITY-ST-ZIP	Director S			- ZIP							
TITLE	Crossroads Homeowners Assoc. Inc						•	☐ Change	☐ Addition		
NAME								,			
STREET ADDRESS	Ponte Vedra Bea			DDRESS					j		
CITY-ST-ZIP	101100 1001 0			₁-′ ZIP		<u> </u>		<u> </u>			
TITLE	Peter Quintal							☐ Change	☐ Addition		
NAME *	D irecto r T					•					
STREET ADDRESS Crossroads Homeowners Assoc. Inc			Inc	DDRESS	`			•			
CITY-ST-ZIP	249 Seamist Cou			·ZIP		· · · · · · · · · · · · · · · · · · ·		Changa	Addition		
TITLE	Ponte Vedra Beach FL 32082							Change	Addition		

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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.

HALL HALLEN HALL