2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90093 035 ****61.25

DOCUMENT # N31870

1. Entity Name

CROSSROADS ASSOCIATION, INC.

A0061766

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O FOUR SEASONS MGMT 10036 SAWGRASS DR #3 PONTE VEDRA BEACH, FL US 32082	C/O FOUR SEASONS MGMT. P.O. BOX 1159 PONTE VEDRA BEACH, FL 32004-1159

2. Principal Place of Business	3. Mailing Address
2180 W SR 434	2180 W SR 434
Suite, Apt. #, etc.: STE 5000	Suite, Apt. #, etc.: STE 5000
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country: US	Zip: 32779 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNCH, DONALD J 10036 SAWGRASS DR. #3 PONTE VEDRA BEACH, FL 32082	Name: HART, JAMES W JR Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT 2180 W SR 434 STE 5000 City: LONGWOOD FL Zip Code: 32779-5044

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.

SIGNATURE _____ 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARELICK, JEAN 104 SEASIDE CIRCLE PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP O'TOOLE JAMES 125 SEASIDE CIR PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HORSLEY, BILL 245 SEA MIST COURT PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD UNDERWOOD, CHERYL 313 CROSSROAD LAKES DRIVE PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 BARGER, RITA 229 STELLAR COURT PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I QUINTAL, PETER 249 SEAMIST COURT PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RENFORTH, HOWARD 144 CROSSTIDE CIRCLE PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, JOHN 177 CROSSROAD LAKES DRIVE PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWAN, CLARA 244 PATRICK MILL CIRCLE PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition

12. I 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 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: _____ Bill Horsley