

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006358

FILED
Jan 13, 2006
Secretary of State

Entity Name: THE CROSSROADS AT STERLING ASSOCIATION, INC.

Current Principal Place of Business:

5970 SW 99TH TERR
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

5970 SW 99TH TERR
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-1047824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASPANELLO, JOHN
5970 SW 99TH TERRACE
COOPER CITY, FL 33328 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: CASPANELLO, JOHN
Address: 5970 SW 99 TERRACE
City-St-Zip: COOPER CITY, FL 33328

Title: VD () Delete
Name: BODER, TIBERIU
Address: 5920 SW 99TH TERR
City-St-Zip: COOPER CITY, FL 33328

Title: T () Delete
Name: FAKE, BARBARA
Address: 5985 SW 99TH TERR
City-St-Zip: COOPER CITY, FL 33328

Title: S () Delete
Name: BELLEZZA, CHRISTINA
Address: 5880 SW 99TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RODRIGUEZ, MARIA
Address: 5985 SW 99TH TERR
City-St-Zip: COOPER CITY, FL 33328

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINA BELLEZZA

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01/13/2006

Electronic Signature of Signing Officer or Director

Date