

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N98000006358	
1. Entity Name THE CROSSROADS AT STERLING ASSOCIATION, INC.	

Principal Place of Business 5970 SW 99TH TERR COOPER CITY, FL 33328	Mailing Address 5970 SW 99TH TERR COOPER CITY, FL 33328
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1047824	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASANELLO, JOHN 5970 SW 99TH TERRACE COOPER CITY, FL 33328	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000585663 01/16/07-80021-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASANELLO, JOHN 5970 SW 99 TERRACE COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BODER, TIBERIU 5920 SW 99TH TERR COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, MARIA 5985 SW 99TH TERR COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELLEZZA, CHRISTINA 5880 SW 99TH TERRACE FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John V. Casanella Pres. **954-447-0338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #