

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 023 ***158.75

DOCUMENT # P98000107710

1. Entity Name
CROSSROADS REALTY, INC.



Principal Place of Business
**1402 ROYAL PALM BEACH BLVD.
BLDG 500
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1402 ROYAL PALM BEACH BLVD.
BLDG 500
ROYAL PALM BEACH, FL 33411**

40060704



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0883291

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILLETTE, DANA
1402 ROYAL PALM BCH BLVD
BLDG 500
ROYAL PALM BCH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILLETTE, DANA I
STREET ADDRESS 1402 ROYAL PALM BEACH BLVD BLDG 500
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE STD
NAME HEATH, KIMBERLY A
STREET ADDRESS 1402 ROYAL PALM BCH BLVD BLDG 500
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VD
NAME NOTH, JAMES F
STREET ADDRESS 1402 ROYAL PALM BCH BLVD BLDG 500
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kimberly A Heath **Kimberly A Heath** 4/10/07

561-753-9723