

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747977

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC3625244174**

**Entity Name:** THE CROSSINGS VILLAGE HOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11578 S.W 132 AVE  
MIAMI, FL 33186

**Current Mailing Address:**

11578 S.W 132 AVE  
MIAMI, FL 33186 US

**FEI Number: 59-1944288**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOODMAN-GUENTHER, JOYCE P.A.  
10723 SW 104 STREET  
MIAMI, FL 33186 US

*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

**Officer/Director Detail :**

Title D  
Name DOBKIN, JOSEPH  
Address 13239 SW 112 TERR, #4  
City-State-Zip: MIAMI FL 33186

Title VPD  
Name PIETROBONO, MARILYN  
Address 11435-4 SW 133 CT  
City-State-Zip: MIAMI FL 33186

Title PD  
Name PARIS, MICHAEL  
Address 11415 SW 133 CT #3  
City-State-Zip: MIAMI FL 33186

Title TD  
Name HOYT, KATHY  
Address 13339 SW 112 TERR #2  
City-State-Zip: MIAMI FL 33186

Title SD  
Name WEINSTEIN, MATT  
Address 11103-4 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title D  
Name KROSS, JOY  
Address 11434 SW 132 PL #3  
City-State-Zip: MIAMI FL 33186

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL PARIS**

**PRESIDENT**

**02/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date