## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005704

Entity Name: THE CROSSINGS AT CYPRESS TRACE CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

WATSON ASSOCIATION MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952

**Current Mailing Address:** 

WATSON ASSOCIATION MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952 US

FEI Number: 20-4435358 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT, LLC WATSON ASSOCIATION MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952 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: MICHELLE A FIGUEROA 04/26/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VP, TREASURER Name FERRERA, JOHN Name PEPA, GJOVANI

Address WATSON ASSOCIATION Address WATSON ASSOCIATION MANAGEMENT, LLC

MANAGEMENT, LLC

1648 SE PORT ST LUCIE BLVD. 1648 SE PORT ST LUCIE BLVD.

PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 City-State-Zip: City-State-Zip:

Title **SECRETARY** 

Name GRYKA, SEBASTIAN Address

WATSON ASSOCIATION

MANAGEMENT, LLC 1648 SE PORT ST LUCIE BLVD.

City-State-Zip: PORT ST LUCIE FL 34952

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.

04/26/2024 **PRESIDENT** SIGNATURE: JOHN FERRERA

**FILED** Apr 26, 2024

Secretary of State

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