

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006685

**Entity Name:** CROSSBRIDGE CDC, INC.

**Current Principal Place of Business:**

50 153 AVE.  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

50 153 AVE.  
MADEIRA BEACH, FL 33708 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COWLEY, RICK  
50 153 AVE.  
MADEIRA BEACH, FL 33708 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 P  
Name COWLEY, RICK  
Address 7952 115 ST  
City-State-Zip: SEMINOLE FL 33772

Title VPT  
Name WALKER, GLEN  
Address 6100 105TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title D  
Name MARTIN, NELSON  
Address 5182 12TH AVE. NORTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title S  
Name HACKETT, LINDA  
Address 7647 GIBRALTER CT. NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

Title D  
Name RECUPIDO, MARIO  
Address 4125 PARK ST. NORTH, LOT 27  
City-State-Zip: ST. PETERSBURG FL 33782

*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:** GLEN R WALKER

TR

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date