

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2007 8:00 am
Secretary of State


05-30-2007 90005 031 ****61.25

5/2

66018785



1st MOORE CR2E037 (10/06)

DOCUMENT # N06000005805			
1. Entity Name CROSSINGS AT CONWAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O ST. ARMAND'S COMMUNITY MANAGEMENT/O ST. ARMAND'S COMMUNITY MANAGEMENT 4251 SPRUCE CREEK ROAD, SUITE I-I PORT ORANGE FL 32127		Mailing Address 4251 SPRUCE CREEK ROAD, SUITE I-I PORT ORANGE FL 32127	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite I-H		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4959103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. LEVINE & PARTNERS, P.A. 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name CYNTHIA DIOR Street Address (P.O. Box Number is Not Acceptable) PO Box 2002 4251 Spruce Creek Rd Port Orange, FL 32127 City NEWSMYRNA BEH FL Zip Code 32170	
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 Cynthia Dior		SIGNATURE <i>Cynthia Dior</i> DATE 5/24/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST STEINFURTH, PAUL C 3250 MARY STREET, SUITE 306 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT STEINFURTH, PAUL C 3250 MARY STREET, SUITE 306 Miami, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP STEINFURTH, PAUL R 3250 MARY STREET, SUITE 306 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS Tanya Caswell 4109 E. Michigan St Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D OGDEN, CAROL A 3250 MARY STREET, SUITE 306 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>		Date 5/24/07 Daytime Phone # 306-788-2003	