## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005805

FILED Apr 29, 2008 Secretary of State

Entity Name: CROSSINGS AT CONWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

New Principal Place of Business:

C/O ST. ARMAND'S COMMUNITY MANAGEMENT 4251 SPRUCE CREEK ROAD, SUITE I-I

4251 SPRUCE CREEK ROAD, SUITE I-H

PORT ORANGE, FL 32127

PORT ORANGE, FL 32127

**Current Mailing Address:** 

New Mailing Address:

C/O ST. ARMAND'S COMMUNITY MANAGEMENT 4251 SPRUCE CREEK ROAD, SUITE I-I

C/O ST. ARMAND'S COMMUNITY MANAGEMENT 4251 SPRUCE CREEK ROAD, SUITE I-H

PORT ORANGE, FL 32127

PORT ORANGE, FL 32127

FEI Number: 20-4959183

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O ST. ARMAND'S COMMUNITY MANAGEMENT

DIORE, CYNTHIA

DIOR, CYNTHIA

City-St-Zip:

4251 SPRUCE CREEK ROAD, SUITE I-I PORT ORANGE, FL 32127

4251 SPRUCE CREEK ROAD, SUITE I-H PORT ORANGE, FL 32127

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: CYNTHIA DIOR

04/29/2008

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition

DPT () Delete STEINFURTH, PAUL C Name:

JENKINS, TANA Name: Address: 3650 SUMMER WIND DRIVE

3250 MARY STREE, SUITE 306 Address:

City-St-Zip: MIAMI, FL 33133

Title:

Title: (X) Change ( ) Addition

WINTER PARK, FL 32792

() Delete STEINFURTH, PAUL R Name:

Name: HENSLEY, KATHY

Address: 3250 MARY STREE, SUITE 306

Address: 3650 SUMMER WIND DRIVE City-St-Zip: WINTER PARK, FL 32792

City-St-Zip: MIAMI, FL 33133

> Title: DS (X) Change ( ) Addition

Title: DS () Delete

Name: EID, JENNIFER

CASWELL, TANYA Name: 4109 E. MICHIGAN ST Address: City-St-Zip: ORLANDO, FL 32812

3650 SUMMER WIND DRIVE Address: City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA DIOR RΑ 04/29/2008