

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005805

**Entity Name:** CROSSINGS AT CONWAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**3815600584CC**

**Current Principal Place of Business:**

COMMUNITY MANAGEMENT PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
ORLANDO, FL 32839

**Current Mailing Address:**

COMMUNITY MANAGEMENT PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
ORLANDO, FL 32839 US

**FEI Number:** 20-4959183

**Certificate of Status Desired:** No

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

COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
COMMUNITY MANAGEMENT PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
ORLANDO, FL 32839 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:** BRIAN HETHERTON

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DE AVILA, SEAN  
Address COMMUNITY MANAGEMENT  
PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title SECRETARY  
Name WALKER, MCCLAREN  
Address COMMUNITY MANAGEMENT  
PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
City-State-Zip: ORLANDO FL 32839

Title PRESIDENT  
Name CALIGIURI, PENNY  
Address COMMUNITY MANAGEMENT  
PROFESSIONALS.  
4700 MILLENIA BLVD SUITE 515  
City-State-Zip: ORLANDO FL 32839

*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:** PENNY CALIGIURI

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date