

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761317</b> 1. Entity Name <b>THE CROSSINGS MAINTENANCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>DELLCOR MANAGEMENT, INC</b> <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243 US</b>			Mailing Address <b>DELLCOR MANAGEMENT, INC</b> <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2533163</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DELLCOR MANAGEMENT, INC</b> <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEWIS, JEAN</b>	NAME	<b>U000000756259</b>		
STREET ADDRESS	<b>6410 26TH AVE. W.</b>	STREET ADDRESS	<b>05/23/07-80022-025 61.25</b>		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOCKWOOD, KATHERINE</b>	NAME			
STREET ADDRESS	<b>2915 64TH ST. W.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GSCHWEND, JAMES</b>	NAME			
STREET ADDRESS	<b>6903 ARBOR OAK CIR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NICOL, WILLIAM J.</b>	NAME			
STREET ADDRESS	<b>2902 59TH STREET WEST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON, FL</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEPHENS, STAN</b>	NAME			
STREET ADDRESS	<b>5515 21ST AVENUE W</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Katherine Lockwood</i>		<b>KATHERINE LOCKWOOD</b> <b>DIRECTOR</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>APRIL 28 2007</b> <small>Date</small>			
		<small>Daytime Phone #</small>			