

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761317

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE CROSSINGS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 59-2533163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLCOR MANAGEMENT, INC
310 PEARL AVE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, JEAN
Address: 6410 26TH AVE. W.
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: LOCKWOOD, KATHERINE
Address: 2915 64TH ST. W.
City-St-Zip: BRADENTON, FL 34209

Title: DST () Delete
Name: GSCHWEND, JAMES
Address: 6903 ARBOR OAKD CIR
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: NICOL, WILLIAM J.
Address: 2902 59TH STREET WEST
City-St-Zip: BRADENTON, FL

Title: P (X) Delete
Name: STEPHENS, STAN
Address: 5515 21ST AVENUE W
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHN, SANTONOCITO
Address: 310 PEARL AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: PT (X) Change () Addition
Name: LOCKWOOD, KATHERINE
Address: 2915 64TH ST. W.
City-St-Zip: BRADENTON, FL 34209

Title: DS (X) Change () Addition
Name: GSCHWEND, JAMES
Address: 6903 ARBOR OAKD CIR
City-St-Zip: BRADENTON, FL 34209

Title: VP (X) Change () Addition
Name: ROBERT, CHANDLER
Address: 310 PEARL AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHERINE LOCKWOOD

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date