

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761317

**FILED**  
**Apr 12, 2010**  
**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: S  
Name: JOHN, SANTONOCITO  
Address: 310 PEARL AVENUE  
City-St-Zip: SARASOTA, FL 34243

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

Title: VP  
Name: GSCHWEND, JAMES  
Address: 6903 ARBOR OAKD CIR  
City-St-Zip: BRADENTON, FL 34209

Title: D  
Name: ROBERT, CHANDLER  
Address: 310 PEARL AVENUE  
City-St-Zip: SARASOTA, FL 34243

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: KATHERINE LOCKWOOD

PT

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date