

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768344

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE CROSSING HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2773251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DP () Delete
Name: MILLER, RACHEL
Address: 301-1C LIPONA
City-St-Zip: TALLAHASSEE, FL 32304

Title: DST () Delete
Name: JOYNER, FRED
Address: 200 OLD BANBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP () Delete
Name: FIELD, KIMBERLY
Address: 301-1B LIPONA
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MILLER, RACHEL
Address: 1218 MARY S DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST (X) Change () Addition
Name: STARKENBURG, JUSTIN
Address: 301-2C S. LIPONA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: DP (X) Change () Addition
Name: FIELD, KIMBERLY
Address: 301-1B LIPONA
City-St-Zip: TALLAHASSEE, FL 32304

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: KIMBERLY FIELD

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date