2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003401

FILED Apr 16, 2007 Secretary of State

Entity Name: CROSSWAY ROAD COMMERCIAL CENTER, INC. PROPERTY OWNERS ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

3025 NATHAN LANE 2509 BARRINGTON CIRCLE TALLAHASSEE, FL 30308 TALLAHASSEE, FL 30308

Current Mailing Address: New Mailing Address:

3025 NATHAN LANE 2509 BARRINGTON CIRCLE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

FEI Number: 20-4445202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JARRETT, JAMES A
3025 NATHAN LANE
TALLAHASSEE, FL 30308 US

JARRETT, JAMES A
BARRINGTON CIRCLE
TALLAHASSEE, FL 30308 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: JAMES JARRETT 04/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WALLACE, RON P Name: WALLACE, RON P

Address: 3025 NATHAN LANE Address: 2509 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 30308

City-St-Zip: TALLAHASSEE, FL 30308

Title: VD () Delete Title: VD (X) Change () Addition Name: JARRETT, JAMES Name: JARRETT, JAMES

Address: 3025 NATHAN LN Address: 2509 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Name: JARRETT, BRAD Name: JARRETT, BRAD

Address: 3025 NATHAN LN Address: 2509 BARRINGTON CIRCL

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 TALLAHASSEE, FL 32308
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I hereby certify that the information supplied with this filing does not qualify for the 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: RON WALLACE P 04/16/2007