

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 25, 2006  
Secretary of State**

DOCUMENT# N04000008277

Entity Name: DM/41 CROSSROADS ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 443  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 443  
LAND O'LAKES, FL 34639

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

BRICKLEMYER, KEITH W ESQ.  
500 E. KENNEDY BOULEVARD, SUITE 200  
TAMPA, FL 33602 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:                      HAGMAN, BOB  
Address:                      P.O. BOX 443  
City-St-Zip:                      LAND O'LAKES, FL 34639

Title:                      D                      ( ) Delete  
Name:                      LETTS, SHANNON E  
Address:                      2001 SE 10TH STREET  
City-St-Zip:                      BENTONVILLE, AR 72716

Title:                      D                      ( ) Delete  
Name:                      BEDARD, ROBERT M  
Address:                      2001 SE 10TH STREET  
City-St-Zip:                      BENTONVILLE, AR 72716

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: BOB HAGMAN

D

01/25/2006

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

\_\_\_\_\_  
Date