2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N05000005685 1. Entity Name POTTSBURG CROSSING CONDOMINIUM ASSOCIATION.

FILED Feb 27, 2007 8:00 am Secretary of State

02-27-2007 90002 006 ****61.25

INC.)		<i>i</i>			
6620 SOUTHPOINT DR SOUTH - STE 400 6620				ing Address 20 Southpoint DR South - Ste 400 KSONVILLE, FL 32216		40025245			
		ss - No P.O. Box # _	3. Mailing Address			_			
Suite, Apt.	. #, etc.	Tose Blve	May May Suite Apt. #, et		Services	20000007	hg-NP	CR2E037 (12/06)	
City & Star			5455 Hu City & State ST. Augu		Duith 1	4. FEI Number 20-35068		A	ppliea For
zip 322	23	Country USA	32080	Count	XSA.	5. Certificate of S	<u> </u>	\$8.75 Ac	
	6. Name a	nd Address of Current F	Registered Agent			7. Name and Ad	dress of New F	legistered Agent	
MAY MANAGEMENT SERVICES, INC. 5455 A1A SO.					Name Street Address (P.O. Box Number is Not Acceptable)				
ST.AUGUSTINE, FL 32080					and receptable)				
				-	City			FL Zip Con	de
8. The above the obligation	named entity s tions of register	submits this statement for ed agent.	the purpose of chang	ing its registered	office or registe	ered agent, or both, in	the State of Flo	orida. I am familiar with	and accept
SIGNATURE	Signature, typed or	printed name of registered agent ar	nd title if applicable	(NOTE Registered A	igent signature require	ed when reinstating)		DATE.	
	Filing Foo						 -		
	Due by Ma	is \$61.25 ly 1, 2007		on Campaign Fin Fund Contribution		\$5.00 May Be Added to Fees	1	lake check payable ida Department of S	
10.	_		Trust			Added to Fees	Flor	ida Department of S	State
TITLE	Due by Ma	OFFICERS AND DIRE	Trust	Fund Contribution	PD	Added to Fees ADDITIONS/CHANG	Flor GES TO OFFICE	RS AND DIRECTORS II	State
TITLE NAME	PD SMITH, CLI	OFFICERS AND DIRE	Trust I	Fund Cantribution 11. IIILE NAME	PD	Added to Fees ADDITIONS/CHANG	Flor GES TO OFFICE	RS AND DIRECTORS II	State N 10
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the ecceiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR