

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90001 003 \*\*\*\*61.25

**DOCUMENT # N05000005704**

1. Entity Name  
THE CROSSINGS AT CYPRESS TRACE CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
6620 SOUTHPPOINT DR S SUITE 400  
JACKSONVILLE, FL 32216

Mailing Address  
6620 SOUTHPPOINT DR S SUITE 400  
JACKSONVILLE, FL 32216

**50023998**



2. Principal Place of Business

3. Mailing Address

5455 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192006

Chg-NP

CR2E037 (4/06)

City & State

City & State

St. Augustine FL

4. FEI Number

20-4435358

Applied For

Not Applicable

Zip

Country

Zip

Country

32080

St. John

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RILEY, JAMES F  
6620 SOUTHPPOINT DR S SUITE 400  
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name MAY Management Services

Street Address (P.O. Box Number is Not Acceptable)

5455 AIA South

City St. Augustine FL

Zip Code

32080

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Georgia H. Steel*

7/24/06

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, CLINTON F ☒ Delete  
STREET ADDRESS 6620 SOUTHPPOINT DR S SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VD  
NAME TRICK, CATHY ☒ Delete  
STREET ADDRESS 6620 SOUTHPPOINT DR S SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE STD  
NAME BOYD, LISA ☐ Delete  
STREET ADDRESS 6620 SOUTHPPOINT DR S SUITE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Cathy Trick  
STREET ADDRESS 12740 Gran Bay Pkwy. - Suite 2400  
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Vice President ☒ Change ☐ Addition  
NAME Jason Peery  
STREET ADDRESS 12740 Gran Bay Pkwy. - Suite 2400  
CITY-ST-ZIP Jacksonville, FL 32258

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 corporation or the receiver 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:

*Cathy Trick* Cathy Trick/President

7-27-06 (904) 332-5295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #