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.						08-03-	2006 900	001 003 ****	61.25
Principal Place of Business 6620 SOUTHPOINT DR S SUITE 400 JACKSONVILLE, FL 32216		Mailing Address 6620 SOUTHPOINT DR S SUITE 400 JACKSONVILLE, FL 32216					5	002399	8
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2. Principal F	Place of Business	3. Mailing Address 5455 A	18-Sout	h					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07192006	Chg-NP	CF	R2E037 (4/06)	
City & Star	re .	St. Augus	+.~e_7	4	4. FEI Numbe		5 8		oplied For ot Applicable
Zip	Country	37080	Country 50	~~	5. Certificate	of Status Desi	red 🔲	\$8.75 Add	
	6. Name and Address of Current R			1,	7. Name and	Address of N	ew Registe:	•	
DILEY IA	MEG E		Name	ME	AV M	2 2 2 2 4	2-2-	1500	.16.05
RILEY, JAMES F 6620 SOUTHPOINT DR S SUITE 400			Street A	Address (F	P.O. Box Numbe	CASS er is Not Accep		T JEY (sices
JACKSON	VILLE, FL 32216		5	5455 AIA SAITH					
			City 2	25	A	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	FL Zip Coo	° 2 8
8. The above	named entity submits this statement for titions of registers agent.	the purpose of changing its	registered office of	or register	ed agent, or bot	h, in the State	of Florida. I	am familiar with,	and accept
the obligat	ions di registere d'agent								
0.0 00.1gu	Nuch		`1				1/2	1/1	
SIGNATURE	1 Gorffia	& De	il .			·	1/2	406	
	Signature, type or initial name of registered agent and	d title / application (NOTE	C: Registered Agent signa		when reinstating)		1/2	406_	
SIGNATURE	1 Gorffia		npaign Financing	dure required	when reinstating) \$5.00 May Be Added to Fees	9	Make cl	HOG heck payable to apartment of S	
SIGNATURE	Signature, types or prised name of registered agent and Filling Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIRE	9. Election Cam Trust Fund C	npaign Financing	tture required	\$5.00 May Be Added to Fees		Make cl Florida De	heck payable t	tate
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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: _	Oatley Trice	Cathy Trick (President		<u>(904) 332-5295</u>
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Date	Daytime Phone #	