

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 021 ****61.25

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

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

Mailing Address
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

40038136



2. Principal Place of Business - No P.O. Box #

C/O MAY MANAGEMENT
Suite, Apt. #, etc.
5455 A1A S.

3. Mailing Address

C/O MAY MANAGEMENT
Suite, Apt. #, etc.
5455 A1A S.

03072007 Chg-NP CR2E037 (12/06)

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE FL

4. FEI Number
20-4435358

Applied For
Not Applicable

Zip
32080

Country
ST. JOHNS

Zip
32080

Country
ST. JOHNS

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 May 1, 2007**

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 **P** ☐ Delete
NAME **~~TRICK, GATHY~~ Gittleman, Barry**
STREET ADDRESS **12740 GRAN BAY PKWY STE 2400**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **VP** ☐ Delete
NAME **~~PEERY, JASON~~ Hinton, Wesley**
STREET ADDRESS **12740 GRAN BAY PKWY STE 2400**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **STD** ☐ Delete
NAME **BOYD, LISA**
STREET ADDRESS **6620 SOUTHPOINT 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

Daytime Phone #