2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N05000005704

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

Current Principal Place of Business:

C/O MAY MGMT.
5455 A1A S.
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

MAY MANAGEMENT SERVICES, INC
12627 SAN JOSE BLVD., STE 501
JACKSONVILLE, FL 32223

Current Mailing Address:

C/O MAY MGMT.
5455 A1A S.
SAINT AUGUSTINE, FL 32080

New Mailing Address:

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

FEI Number: 20-4435358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: P ( ) Delete
Name: GITTLEMAN, BARRY
Address: 12740 GRAN BAY PKWY STE 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP ( ) Delete
Name: HINTON, WESLEY
Address: 12740 GRAN BAY PKWY STE 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD ( ) Delete
Name: BOYD, LISA
Address: 6620 SOUTHPOINT DR S SUITE 400
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WICKER, SARAH
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: BURTON, ANDY
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD (X) Change ( ) Addition
Name: POLSENO, GINA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: SARAH WICKER P 03/25/2009

Electronic Signature of Signing Officer or Director — Date