## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005704

FILED Mar 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O MAY MGMT.

5455 A1A S.

SAINT AUGUSTINE, FL 32080

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

Current Mailing Address: New Mailing Address:

C/O MAY MGMT.

5455 A1A S.

SAINT AUGUSTINE, FL 32080

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

SAINT AUGUSTINE, FL 32080

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

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

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:

Name and Address of Current Registered Agent:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

Title: P () Delete Title: P (X) Change () Addition

Name: GITTLEMAN, BARRY Name: WICKER, SARAH
Address: 12740 GRAN BAY PKWY STE 2400 Address: 5455 A1A SOUTH

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 HINTON, WESLEY
 Name:
 BURTON, ANDY

 Address:
 12740 GRAN BAY PKWY STE 2400
 Address:
 5455 A1A SOUTH

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 BOYD, LISA
 Name:
 POLSENO, GINA

 Address:
 6620 SOUTHPOINT DR S SUITE 400
 Address:
 5455 A1A SOUTH

 City-St-Zip:
 JACKSONVILLE, FL 32216
 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