

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011250

FILED
Apr 25, 2006
Secretary of State

Entity Name: DURBIN CROSSING MASTER ASSOCIATION, INC.

Current Principal Place of Business:

10000 GATE PARKWAY NORTH
SUITE 1012
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10000 GATE PARKWAY NORTH
SUITE 1012
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SESSIONS, JASON R
10000 GATE PARKWAY NORTH
SUITE 1012
JACKSONVILLE, FL 32246 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: PD () Delete
Name: SESSIONS, PATRICK E
Address: 10000 GATE PARKWAY NORTH #1012
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: SESSIONS, JASON R
Address: 10000 GATE PARKWAY NORTH #1012
City-St-Zip: JACKSONVILLE, FL 32246

Title: STD () Delete
Name: BLONSHINE, CHRISTIAN
Address: 10000 GATE PARKWAY NORTH #1012
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: STRAUSS, KENNETH
Address: 10000 GATE PARKWAY NORTH #1012
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK SESSIONS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date