
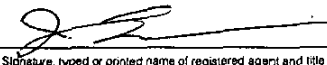
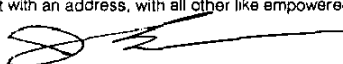


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90085 034 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000011250			
1. Entity Name DURBIN CROSSING MASTER ASSOCIATION, INC.			
Principal Place of Business 10000 GATE PARKWAY NORTH SUITE 1012 JACKSONVILLE, FL 32246		Mailing Address 10000 GATE PARKWAY NORTH SUITE 1012 JACKSONVILLE, FL 32246	
2. Principal Place of Business - No P.O. Box # 10000 GATE PARKWAY NORTH		3. Mailing Address 10000 GATE PARKWAY NORTH	
Suite, Apt. #, etc. SUITE 926		Suite, Apt. #, etc. SUITE 926	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32246	Country	Zip 32246	Country
4. FEI Number 20-5721253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SESSIONS, JASON R 10000 GATE PARKWAY NORTH SUITE 1012 JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name SESSIONS, JASON R Street Address (P.O. Box Number is Not Acceptable) 10000 GATE PARKWAY NORTH SUITE 926 City JACKSONVILLE FL Zip Code 32246	
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  DATE 3/5/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSIONS, PATRICK E 10000 GATE PARKWAY NORTH #1012 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESSIONS, PATRICK E 10000 GATE PARKWAY NORTH #926 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SESSIONS, JASON R 10000 GATE PARKWAY NORTH #1012 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SESSIONS, JASON R 10000 GATE PARKWAY NORTH #926 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRAUSS, KENNETH 10000 GATE PARKWAY NORTH #1012 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRAUSS, KENNETH 10000 GATE PARKWAY NORTH #926 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 3/5/07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			