2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State
02-06-2008 90031 007 ****61.25

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1. Entity Name
THONOTOSASSA CROSSINGS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
302 S MASSACHUSETTS AVE SUITE 223 LAKELAND, FL 33801	302 S MASSACHUSETTS AVE SUITE 223 LAKELAND, FL 33801

02012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 2955
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Lakeland, FL
Zip / Country	Zip 33806 / Country USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENDERSON, DAVID D 302 S MASSACHUSETTS AVE SUITE 223 LAKELAND, FL 33801	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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, DAVID D POBOX 2955 LAKELAND, FL 338062955	☐ Delete	Henderson, David D. 302 S. Massachusetts Ave. #223 Lakeland, FL 33801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURBAN, CLAIRE PO BOX 2955 LAKELAND, FL 338062955	☑ Delete	D Christopher M. Fear 1 Lake Morton Drive Lakeland, FL 33801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURRIS, BRENT PO BOX 2955 LAKELAND, FL 338062955	☑ Delete	D Daniel M. Jenkins c/o Colonial Bank, 4144 N. Armenia Tampa, FL 33614	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: David D. Henderson 2/1/08 (863)682-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #