

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002282

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: THONOTOSASSA CROSSINGS OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

302 S MASSACHUSETTS AVE SUITE 223  
LAKELAND, FL 33801

## New Principal Place of Business:

155 LAKE MORTON DRIVE  
#4  
LAKELAND, FL 33801

## Current Mailing Address:

P.O. BOX 2955  
LAKELAND, FL 33806

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

HENDERSON, DAVID D  
302 S MASSACHUSETTS AVE SUITE 223  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

HENDERSON, DAVID D  
155 LAKE MORTON DRIVE  
#4  
LAKELAND, FL 33801 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:

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: M ( ) Delete  
Name: HENDERSON, DAVID D  
Address: 302 S MASSACHUSETTS AVE, #223  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: FEAR, CHRISTOPHER M  
Address: 1 LAKE MORTON DRIVE  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: BURRIS, BRENT  
Address: PO BOX 2955  
City-St-Zip: LAKELAND, FL 338062955

Title: D (X) Delete  
Name: JENKINS, DANIEL M  
Address: 4144 N ARMENIA  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition  
Name: THONOTOSASSA CROSSIN, GS, LLC  
Address: P.O. BOX 2955  
City-St-Zip: LAKELAND, FL 33806

Title: D (X) Change ( ) Addition  
Name: STARBUCKS COFFEE CO., - STORE #1125 4  
Address: P.O. BOX 34067  
City-St-Zip: SEATTLE, WA 981241067

Title: D (X) Change ( ) Addition  
Name: COLONIAL BANK - ATTE, NTION: DANIEL J ENKINS  
Address: 4144 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33614

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

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: DAVID D. HENDERSON

M

01/06/2009

Electronic Signature of Signing Officer or Director

Date