

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005212

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** CROSSINGS AT OLDSMAR BUSINESS CENTER CONDOMINIUM ASSOCIATION,INC.

**Current Principal Place of Business:**

12645 RACE TRACK ROAD  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12645 RACE TRACK ROAD  
TAMPA, FL 33626

**New Mailing Address:**

PO BOX 1175  
OLDSMAR, FL 34677

FEI Number: 26-0291388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARD, R. CARLTON  
1253 PARK STREET  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

MEARS, RANDY  
12645 RACE TRACK ROAD  
TAMPA, FL 33626 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: RANDY MEARS

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEARS, RANDY A  
Address: 12645 RACE TRACK ROAD  
City-St-Zip: TAMPA, FL 33626

Title: VPD ( ) Delete  
Name: RUSSELL, DONALD  
Address: 12645 RACE TRACK ROAD  
City-St-Zip: TAMPA, FL 33626

Title: STD ( ) Delete  
Name: SIPERA, JON  
Address: 12645 RACE TRACK ROAD  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: RANDY MEARS

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date