

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007115

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** DAMES POINT CROSSING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 N. MAIN ST., SUITE 240  
CHAGRIN FALLS, OH 44022

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. MAIN ST., SUITE 240  
CHAGRIN FALLS, OH 44022

**New Mailing Address:**

**FEI Number:** 26-0618448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AYCOCK, LYNDIA R  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207 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: PTD ( ) Delete  
Name: CERNEY, DAVID F  
Address: 100 N. MAIN ST., SUITE 240  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: VD ( ) Delete  
Name: HUFFMAN, NED  
Address: 1120 CHESTER AVE., SUITE 300  
City-St-Zip: CLEVELAND, OH 44114

Title: SD ( ) Delete  
Name: DOYLE, JAMES  
Address: 1120 CHESTER AVE., SUITE 300  
City-St-Zip: CLEVELAND, OH 44114

**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: DAVID F CERNY

PTD

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date