

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19493

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE CROSSINGS MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2838265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W., JR.
2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD, FL 32779 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: PD () Delete
Name: TRUEBLOOD, BUD
Address: 441 MORNING GLORY DR
City-St-Zip: LAKE MARY, FL 32746

Title: VPD () Delete
Name: SQUITIERI, TONY
Address: 769 SILVERWOOD DR
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: KNIGHT, ELIZABETH
Address: 437 AMETHYST WAY
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: BROWN, JEAN
Address: 2317 ROANOKE CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WINGER, MARTIN
Address: 818 SILK OAK TERR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PIERCE, CHRIS
Address: 781 MINERVA LN
City-St-Zip: LAKE MARY, FL 32746

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:

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 for the exemption stated in Section 119.07(3)(i), 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: BUD TRUELOOD

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date