2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

DOCUMENT# N19493

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 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: BUD TRUEBLOOD PD 03/09/2006

Electronic Signature of Signing Officer or Director — Date