2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

DOCUMENT # N19493 1. Entity Name THE CROSSINGS MASTER COMMUNITY ASSOCIATION, INC.									03-28-2	2008 9003:	1 025 ****	61.25
2180 W: STATE ROAD 434, SUITE #5000 2180 W				g Address W. STATE ROAD 434, SUITE #5000 WOOD, FL 32779								
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Maili	ng Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03112008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State					4. FEI Numbe 59-2838				oplied For ot Applicable
Zip	Zip Country		Zip Co		Cou	intry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent		1		7. Name and	Address of Ne	w Registered	Agent	
HART IAN	MES W I	R				Name						
HART, JAMES W., JR. 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD, FL 32779					Street Ac	ddress (f	P.O. Box Numbe	r is Not Accept	table)			
						City	•			F	Zip Cod	В
						<u> </u>				•		
	inamed entity ions of regist	y submits this statement for ered agent.	or the purpo	ose of changing its	register	ed office or	registeri	ed agent, or bot	n, in the State o	of Florida. I an	n familiar with,	and accept
SIGNATURE.	Signature, lyped	or printed name of registered agent	and title if appl	cable (NOT	E: Registere	d Agent signatu	ne required	when reinstating)	<u>.</u> .	DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.								
	_				_			\$5.00 May B Added to Fees	9		ck payable t intment of S	
10.	_		RECTORS		_			Added to Fees		Florida Depa	ertment of S	tate
10 .	_	Tay 1, 2008	RECTORS	Trust Fund (Contribut	ion. [Florida Depa	IRECTORS IN	tate
	Due by M	OFFICERS AND DI	RECTORS		Contribut	ion. [PD	Added to Fees	ANGES TO OFF	Florida Depa	ertment of S	tate
TITLE	PD TRUEBLO	OFFICERS AND DI	RECTORS	Trust Fund (11. TITL	ion. [PD TRUE	Added to Fees	ANGES TO OFF	Florida Depa	IRECTORS IN	tate
TITLE NAME	PD TRUEBLC 441 MORI	ODD, BUD	RECTORS	Trust Fund (11. IIILI NAM STRE	ion.	PD TRUE	Added to Fees ADDITIONS/CHA	ANGES TO OFF	Florida Depa	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	PD TRUEBLC 441 MORI	OFFICERS AND DI OFFICERS AND DI OOD, BUD NING GLORY DR	RECTORS	Trust Fund (11. IIILI NAM STRE	E E EET ADDRESS -ST-ZIP	PD TRUE	Added to Fees ADDITIONS/CHA BLOOD, ELWA MORNING GLA	ANGES TO OFF	Florida Depa	IRECTORS IN	I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUEBLC 441 MORI LAKE MAI	OFFICERS AND DI OFFICERS AND DI OOD, BUD NING GLORY DR RY, FL 327466153	RECTORS	Trust Fund (11. TITLE NAM STRE	E E EET ADDRESS -ST-ZIP	PD TRUE 441 LAKE	Added to Fees ADDITIONS/CHA BLOOD, ELWA MORNING GLA	ANGES TO OFF	Florida Depa	DIRECTORS IN Change	tate
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD TRUEBLO 441 MORI LAKE MAI VPD SQUITIER 769 SILVE	OFFICERS AND DI OPD, BUD NING GLORY DR RY, FL 327466153	RECTORS	Trust Fund (11. TITLI NAM STRE CITY TITLI NAM STRE	E E E E E ST-ZIP E E E	PD TRUE 441 LAKE D REED 448	Added to Fees ADDITIONS/CH/ CBLOOD, ELW MORNING GLA MARY, FL	ANGES TO OFF	Florida Depa	DIRECTORS IN Change	I 10 Addition
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08

Daytime Phone #