## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19493

FILED Apr 03, 2009 Secretary of State

Entity Name: THE CROSSINGS MASTER COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2180 W. STATE ROAD 434, SUITE #5000 LONGWOOD, FL 32779 FEI Number: 59-2838265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HART, JAMES W., JR. HART, JAMES W JR 2180 W. STATE ROAD 434, SUITE #5000 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 LONGWOOD, FL 32779 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: JAMES W HART JR 04/03/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition TRUEBLOOD, ELWOOD Name: Name: 441 MORNING GLORY DR Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SQUITIERI, TONY Name: Name: Address: 769 SILVERWOOD DR Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition KNIGHT, ELIZABETH Name: Name: 437 AMETHYST WAY Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: BROWN, JEAN Name: Address: 2317 ROANOKE CT Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: () Change () Addition WINGER, MARTIN Name: Name: 818 SILK OAK TERR Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PIERCE, CHRIS QUINN, LEIGH Name: Name: Address: 781 MINERVA LN Address: 840 HEATHER GLEN CIR LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: 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: ELWOOD TRUEBLOOD PD 04/03/2009