



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 019 \*\*\*\*61.25

<b>DOCUMENT # N26223</b> 1. Entity Name <b>THE CROSSINGS OFFICE PARK, INC.</b>					
Principal Place of Business <b>3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL 33759 US</b>				Mailing Address <b>3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL 33759 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2536 Countryside Blvd.</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater, FL</b> Zip <b>33763</b> Country <b>USA</b>		3. Mailing Address <b>2536 Countryside Blvd.</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater, FL</b> Zip <b>33763</b> Country <b>USA</b>			
03122007 Chg-NP CR2E037 (12/06)				4. FEI Number <b>59-2951322</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WILDER, MAURICE F. 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL 33759</b>				7. Name and Address of New Registered Agent Name <b>Wilder Maurice F</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 Countryside Blvd.</b> <b>Suite 250</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33763</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, COLBY M 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wilder, Colby M 2536 Countryside Blvd. Suite 250 Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILDER, MAURICE 3000 GULF-TO-BAY BLVD CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Wilder Maurice 2536 Countryside Blvd. Suite 250 Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CAROTENUTO, MARY 3000 GULF TO BAY BLVD., 6TH FLOOR CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD Carotenuto, Mary 2536 Countryside Blvd. Suite 250 Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					