

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90193 003 \*\*\*\*61.25

**DOCUMENT # N26223**

1. Entity Name  
**THE CROSSINGS OFFICE PARK, INC.**



Principal Place of Business  
**2536 COUNTRYSIDE BLVD.  
STE 250  
CLEARWATER, FL 33763 US**

Mailing Address  
**2536 COUNTRYSIDE BLVD.  
STE 250  
CLEARWATER, FL 33763 US**

60030117



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2951322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WILDER, MAURICE F.  
2536 COUNTRYSIDE BLVD.  
STE 250  
CLEARWATER, FL 33763**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILDER, COLBY M 2536 COUNTRYSIDE BLVD., STE 250 CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILDER, MAURICE 2536 COUNTRYSIDE BLVD., STE 250 CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP CAROTENUTO, MARY 2536 COUNTRYSIDE BLVD., STE 250 CLEARWATER, FL 33763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 the 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 covered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #