2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002012

1. Entity Name
CROSSTOWN CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14025 RIVEREDGE DR., STE. 130 TAMPA, FL 33637	14025 RIVEREDGE DR., STE. 130 TAMPA, FL 33637

03302005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3571535
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID
220 S. FRANKLIN ST.
TAMPA, FL 33602

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOYD, BROOKS R
STREET ADDRESS	400 S. TRYON ST, #1300
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	DS
NAME	DEAKIN, BARBARA M
STREET ADDRESS	1408 S. DESOTO AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	T
NAME	LAMBERT, KEVIN H
STREET ADDRESS	400 S TRYON ST 1300
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	DVP
NAME	RUPFNER, RON
STREET ADDRESS	2202 N. WEST SHORE BLVD. #115
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80006-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: Barbara Deakin BARBARA DEAKIN 4/12/05 813-431-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #