## **2007 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # N99000002012 1. Entity Name



Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90191 031 \*\*\*\*61.25

**FILED** 

CROSSTOWN CENTER ASSOCIATION, INC.											
14025 RIVEREDGE DR., STE. 130 140			14025	fing Address 025 RIVEREDGE DR., STE. 130 MPA, FL 33637			) (REQUEST) (CL	Ibiib 1811: 6831: 8811 B	: 	A MEINI HITID IN	IIIFI B1 (84)
Principal Place of Business - No P.O. Box #     3. Mai				Aailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			03272007	Chg-NP	CR2E03	7 (12/06)	
City & State			City	City & State			4. FEI Numbe 59-3571			<del>       </del>	oplied For ot Applicable
Zip Country		Zip		Country		Certificate of Status Desired					
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	Registered	Agent			7. Name and	Address of New	Registered A	gent	
LAGILLIANAC	DAVID				Nar	ne					
WILLIAMS, DAVID 220 S. FRANKLIN ST. TAMPA, FL 33602					Stre	Street Address (P.O. Box Number is Not Acceptable)					
					City	,			FL	Zip Cod	e
		y submits this statement for					···			<u> </u>	
SIGNATURE .											
•	Signature, typed	d or printed name of registered agen	t and title if applic	cable. (NOTE	: Registered Agent	signature required	I when reinstating)		ĐẠTE		
•	Filing Fe	e is \$61.25 Ay 1, 2007	t and title if applic	9. Election Cam Trust Fund C	paign Financi		\$5.00 May Be Added to Fees		Make check orlda Depart		
10.	Filing Fe	e is \$61.25		9. Election Cam	paign Financi	ing	\$5.00 May Bo Added to Fees		Make check orlda Depart	ment of Si	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BOYD, BI 400 S. TE CHARLO DS DEAKIN,	OFFICERS AND DI ROOKS R RYON ST, #1300 TTE, NC 28202		9. Election Carn Trust Fund C	paign Financi ontribution.  11.  TITLE  NAME  STREET ADDR  CITY-ST-ZIP  HTLE	ESS CHA	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make check orlda Departi ERS AND DIR	ment of SI ECTORS IN Change	tate I 10 Addition
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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 like empowered.

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA DEALIN