

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002012

FILED
Apr 30, 2008
Secretary of State

Entity Name: CROSSTOWN CENTER ASSOCIATION, INC.

Current Principal Place of Business:

14025 RIVEREDGE DR., STE. 130
TAMPA, FL 33637

New Principal Place of Business:

2909 W. BAY TO BAY BLVD.
#108
TAMPA, FL 33629

Current Mailing Address:

14025 RIVEREDGE DR., STE. 130
TAMPA, FL 33637

New Mailing Address:

PO BOX 433
TAMPA, FL 33601

FEI Number: 59-3571535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOYD, BROOKS R
Address: 400 S. TRYON ST, #1300
City-St-Zip: CHARLOTTE, NC 28285

Title: DS () Delete
Name: DEAKIN, BARBARA A
Address: 1408 S. DESOTO AVE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: LAMBERT, KEVIN H
Address: 400 S TRYON ST 1300
City-St-Zip: CHARLOTTE, NC 28285

Title: VPD () Delete
Name: MCLAUGHLIN, RICK
Address: 2202 N. WESTSHORE BLVD #115
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: DEAKIN, BARBARA A
Address: 2909 W. BAY TO BAY BLVD. # 108
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MCLAUGHLIN, RICK
Address: 2909 W. BAY TO BAY BLVD. #600
City-St-Zip: TAMPA, FL 33629

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: BARBARA DEAKIN

S

04/30/2008

Electronic Signature of Signing Officer or Director

Date