2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002012

New Principal Place of Business:

FILED Apr 16, 2009 Secretary of State

Entity Name: CROSSTOWN CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2909 W. BAY TO BAY BLVD.

#108

TAMPA, FL 33629

New Mailing Address: Current Mailing Address:

PO BOX 433 C/O DEAKIN PROPERTY SERVICES, LLC

SUITE 108 TAMPA, FL 33601 TAMPA, FL 33601

FEI Number: 59-3571533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BOYD, BROOKS R HODGES, GEORGE L Name: Name:

400 S. TRYON ST, #1300 Address: 4301 W BOY SCOUT BLVD. STE 100 Address:

City-St-Zip: CHARLOTTE, NC 28285 City-St-Zip: TAMPA, FL 33607

Title: DS () Delete Title: (X) Change () Addition

DEAKIN, BARBARA A Name: HUNTER, BARBARA Name:

Address: 2909 W. BAY TO BAY BLVD. # 108 Address: 4301 W BOY SCOUT BLVD. STE 100

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33607

Title: () Delete Title: (X) Change () Addition LAMBERT, KEVIN H DEAKIN, BARBARA A Name: Name:

400 S TRYON ST 1300 2909 W. BAY TO BAY BLVD. STE 108 Address: Address:

City-St-Zip: CHARLOTTE, NC 28285 City-St-Zip: TAMPA, FL 33629

(X) Change () Addition Title: VPD () Delete Title: VPD MCLAUGHLIN, RICK Name: MCLAUGHLIN, RICK Name:

4301 W BOY SCOUT BLVD. STE 100 Address: 2909 W. BAY TO BAY BLVD. #600 Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33607

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 DT 04/16/2009