

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002012

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** CROSSTOWN CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

5405 CYPRESS CENTER DRIVE  
SUITE 240  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DEAKIN PROPERTY SERVICES, LLC  
2909 W BAY TO BAY BLVD, STE 108  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3571533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

Title: DP  
Name: BURD, KYLE  
Address: 5405 CYPRESS CENTER DRIVE, STE 240  
City-St-Zip: TAMPA, FL 33609

Title: DVP  
Name: BUNCH, KEVIN  
Address: 5405 CYPRESS CENTER DRIVE, STE 240  
City-St-Zip: TAMPA, FL 33609

Title: DST  
Name: THOMAS, KEVIN  
Address: 512 E WASHINGTON STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D  
Name: TELLEZ, LESTER  
Address: 1502 MARSH COVE COURT  
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: KEVIN THOMAS

DST

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date