

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90170 015 ****70.00

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DOCUMENT # N00000005155

1. Entity Name
VIRGINIA CROSSING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1131 DIXON COURT
DUNEDIN FL 34698**

Mailing Address
**1131 DIXON COURT
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3534571**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAETANO, A. JOSEPH~~
~~1157 SARAH COURT~~
~~DUNEDIN FL 34698~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SPRINGER, JACK	1150 DIXON COURT	DUNEDIN FL 34698	<input type="checkbox"/>
VP	BROWN, COLEMAN	1165 DIXON COURT	DUNEDIN FL 34698	<input type="checkbox"/>
T	RAETANO, A. JOSEPH	1157 SARAH COURT	DUNEDIN FL 34698	<input type="checkbox"/>
S	ROBERTSON, BETTY L	815 PEGGY RAY DR	DUNEDIN FL 34698	<input type="checkbox"/>
D	WILLIAMS, MICHAEL	848 MICHELE CIRCLE	DUNEDIN FL 34698	<input checked="" type="checkbox"/>
D	KIRSTEIN, ERNEST	819 PEGGY RAY DRIVE	DUNEDIN FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			34698	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	JAMES BRASHEAR	1123 HALEY LANE	DUNEDIN, FL. 34698	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/10/03

CR2E037 (10/02)