

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:24

DOCUMENT # N17016 (9)

1. Corporation Name
THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1986** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-2823219** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**OLSON, ALLEN E.
3 CYPRESS VIEW TRAIL
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Allen E. Olson* **TREASURER** **2-9-1995**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OLSON, ALLEN
STREET ADDRESS	3 CYPRESS VIEW TRAIL
CITY- ST- ZIP	ORMOND BEACH FL
TITLE	VD
NAME	CURRIE, GORDON
STREET ADDRESS	1 CYPRESS VIEW TRAIL
CITY- ST- ZIP	ORMOND/BEACH FL
TITLE	TD
NAME	MARSHALL, CRAIG
STREET ADDRESS	10 CROSSINGS TRAIL
CITY- ST- ZIP	ORMOND BEACH FL
TITLE	SD
NAME	NORTHROP, PAUL
STREET ADDRESS	5 PINE SHADOW TRAIL
CITY- ST- ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

Last years

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OLSON, ALLEN	
1.3 STREET ADDRESS	3 CYPRESS VIEW TRAIL	
1.4 CITY- ST- ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DECARLO, AL	
2.3 STREET ADDRESS	2 CROSSINGS TRAIL	
2.4 CITY- ST- ZIP	ORMOND BEACH FL 32174	
3.1 TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRAY, NORMAN	
3.3 STREET ADDRESS	3 PINE SHADOW TRAIL	
3.4 CITY- ST- ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Allen E. Olson* **TREASURER** **2-9-1995** **904-673-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ALLEN E. OLSON