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 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
 3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174-8295 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1986		3a. Date of Last Report 03/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2823219		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLSON, ALLEN E. 3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Allen E. Olson* TREASURER *3-15-1997*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, ALLEN	1.2 NAME	
STREET ADDRESS	3 CYPRESS VIEW TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLO, AL	2.2 NAME	
STREET ADDRESS	2 CROSSINGS TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, JACK	3.2 NAME	D
STREET ADDRESS	6 CROSSINGS TRAIL	3.3 STREET ADDRESS	CURRIE, GORDON
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	1 CYPRESS VIEW TRAIL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULI, FRANK	4.2 NAME	
STREET ADDRESS	6 CYPRESS VIEW TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID, JAMES	5.2 NAME	S
STREET ADDRESS	9 CROSSING TRAIL	5.3 STREET ADDRESS	RIVERA, JOSEPH
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	9 CYPRESS VIEW TRAIL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

Allen E. Olson 3-15-1997 901 677 4000

CR2E037 (9/96)