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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17016 (9)
 1. Corporation Name
THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 US	Mailing Address 3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 US
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3. Date Incorporated or Qualified
10/01/1986

4. FEI Number
59-2823219

Applied For
 Not Applicable

2. Principal Place of Business 21 9 CYPRESS VIEW TRAIL Suite, Apt. #, etc.	2a. Mailing Address 26 9 CYPRESS VIEW TRAIL Suite, Apt. #, etc.
22 City & State 23 ORMOND BEACH, FL	27 City & State 28 ORMOND BEACH, FL
24 Zip 32174	25 Country USA
29 Zip 32174	30 Country USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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
JOSEPH M. RIVERA
 82 Street Address (P.O. Box Number is Not Acceptable)
9 CYPRESS VIEW TRAIL
 83
 84 City
ORMOND BEACH **FL** 85 Zip Code
32174

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: *Joseph M. Rivera* **JOSEPH M. RIVERA-TREASURER** **1/5/98**
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 NAME STREET ADDRESS CITY-ST-ZIP	VPTD OLSON, ALLEN 3 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V.P.D. NORM GRAY 3 PINE SHADOW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECARLO, AL 2 CROSSINGS TRAIL ORMOND BEACH FL 32174 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, GORDON 1 CYPRESS VIEW TRAIL ORMOND BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S D DAVID CLUTTER 11 PINE SHADOW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARULI, FRANK 6 CYPRESS VIEW TRAIL ORMAOND BEACH FL 32174 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ASSISTANT SECRETARY D TOM CAMPBELL 4 CYPRESS VIEW TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, JOSEPH 9 CYPRESS VIEW TRAIL ORMOND BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TREASURER D RIVERA, JOSEPH M. 9 CYPRESS VIEW TRAIL ORMOND BEACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Joseph M. Rivera* **JOSEPH M. RIVERA** **1/5/98** **904-677-0937**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0003538

CR2E037 (10/97)