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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17016

1. Corporation Name

THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.

147842 90123 30

Principal Place of Business

9 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174
 US

Mailing Address

9 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174
 US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/01/1986

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

9. Name and Address of Current Registered Agent

RIVERA, JOSEPH M
 9 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 2/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, NORM	
STREET ADDRESS	3 PINE SHADOW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DECARLO, AL	
STREET ADDRESS	2 CROSSINGS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLUTTER, DAVID	
STREET ADDRESS	11 PINE SHADOW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, TOM	
STREET ADDRESS	4 CYPRESS VIEW TRAIL	
CITY-ST-ZIP	ORMAOND BEACH FL 32174	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVERA, JOSEPH M	
STREET ADDRESS	9 CYPRESS VIEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GORDON CURRIE	
1.3 STREET ADDRESS	1 CYPRESS VJEW TRAIL	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JIM MOSELEY	
3.3 STREET ADDRESS	6 CROSSINGS TRAIL	
3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
4.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK MARULLI	
4.3 STREET ADDRESS	6 CYPRESS VIEW TRAIL	
4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOE KELBAUGH	
6.3 STREET ADDRESS	15 PINE SHADOW TRAIL	
6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	

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, with all other like empowered.

SIGNATURE: *Joseph M Rivera* **REQUIRED** JOSEPH M. RIVERA 2/6/99 904-673-0937
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)