

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90050 040 ****61.25

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DOCUMENT # N17016
 1. Entity Name
THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIA

Principal Place of Business 9 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 US	Mailing Address 9 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 US
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2. Principal Place of Business 17 CYPRESS VIEW TRAIL Suite, Apt. #, etc.	3. Mailing Address 17 CYPRESS VIEW TRAIL Suite, Apt. #, etc.
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City & State ORMOND BEACH FL.	City & State ORMOND BEACH FL	4. FEI Number 59-2823219	Applied For <input type="checkbox"/> Not Applicable
Zip 32174	Country U.S.A.	Zip 32174	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~RIVERA, JOSEPH M~~
~~9 CYPRESS VIEW TRAIL~~
~~ORMOND BEACH FL 32174~~

7. Name and Address of New Registered Agent
 Name **HARRY L. ALBEE**
 Street Address (P.O. Box Number is Not Acceptable)
17 CYPRESS VIEW TRAIL
 City **ORMOND BEACH** FL Zip Code **32174**

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.

SIGNATURE *H. Albee* - **TREASURER (HARRY ALBEE)** 1/8/01
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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, GORDON 1 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, GEORGE K 6 PINE SHADOW TRAIL ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PAYTON, FRANK 15 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARULLI, FRANK 6 CYPRESS VIEW TRAIL ORMAOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, JOSEPH M 9 CYPRESS VIEW TRAIL ORMOND BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELBAUGH, JOE 15 PINE SHADOW TRAIL ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAYTON, FRANK 15 CYPRESS VIEW TR. ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DECARLO, AL 2 CROSSINGS TRAIL ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARULLI, FRANK 6 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HARRIS, CHARLES 5 PINE SHADOW TRAIL ORMON BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARRY ALBEE 17 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *H. Albee* **REHARRIED ALBEE** 1/8/01 904-677-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)