

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90032 022 ****61.25

DOCUMENT # N17016

1. Entity Name

THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174
 US

17 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174
 US

802056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2823219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBEE, HARRY L
 17 CYPRESS VIEW TRAIL
 ORMOND BEACH FL 32174

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	PAYTON, FRANK	15 CYPRESS VIEW TR	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
DV	DECARLO, AL	2 CROSSINGS TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
DAS	HARRIS, CHARLES	5 PINE SHADOW TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
SD	MARULLI, FRANK	6 CYPRESS VIEW TRAIL	ORMAOND BEACH FL 32174	<input type="checkbox"/>
DT	ALBEE, HARRY	17 CYPRESS VIEW TRAIL	ORMOND BEACH FL 32174	<input type="checkbox"/>
DAS	PAYTON, FRANK	15 CYPRESS		<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	STULL, BRYANT	7 PINE SHADOW TRAIL	ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DAS	PAYTON, FRANK	15 CYPRESS VIEW TRAIL	ORMOND BEACH, FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Signature of Frank Payton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-386-677-8694
 Jan. 4, 2002 8694

CP2E037 (9/01)