

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90063 013 ****61.25

DOCUMENT # N17016
 1. Entity Name
THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 17 CYPRESS VIEW TRAIL, ORMOND BEACH FL 32174 US
 Mailing Address: 17 CYPRESS VIEW TRAIL, ORMOND BEACH FL 32174 US

50009875



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2823219**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALBEE, HARRY L
17 CYPRESS VIEW TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *H. Albee* DATE: 1-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: DAS DV <input type="checkbox"/> Delete	NAME: PAYTON, FRANK
STREET ADDRESS: 15 CYPRESS VIEW TR	CITY-ST-ZIP: ORMOND BEACH FL 32174
TITLE: DV DAS <input type="checkbox"/> Delete	NAME: DECARLO, AL
STREET ADDRESS: 2 CROSSINGS TRAIL	CITY-ST-ZIP: ORMOND BEACH FL 32174
TITLE: DAS <input type="checkbox"/> Delete	NAME: HARRIS, CHARLES
STREET ADDRESS: 5 PINE SHADOW TRAIL	CITY-ST-ZIP: ORMOND BEACH FL 32174
TITLE: SD <input type="checkbox"/> Delete	NAME: MARULLI, FRANK
STREET ADDRESS: 6 CYPRESS VIEW TRAIL	CITY-ST-ZIP: ORMAOND BEACH FL 32174
TITLE: DT <input type="checkbox"/> Delete	NAME: ALBEE, HARRY
STREET ADDRESS: 17 CYPRESS VIEW TRAIL	CITY-ST-ZIP: ORMOND BEACH FL 32174
TITLE: OP <input type="checkbox"/> Delete	NAME: STULL, BRYANT
STREET ADDRESS: 7 PINE SHADOW TRAIL	CITY-ST-ZIP: ORMOND BEACH FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Currie, Gordon
STREET ADDRESS: i cypress view tr.	CITY-ST-ZIP: Ormond Beach, FL 32174
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____

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* DATE: 1-25-05 380-677-8694
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #