2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N17016 01-24-2006 90013 043 ****61.25 1. Entity Name THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 17 CYPRESS VIEW TRAIL 17 CYPRESS VIEW TRAIL ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2823219 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBEE, HARRY L Street Address (P.O. Box Number is Not Acceptable) 17 CYPRESS VIEW TRAIL **ORMOND BEACH FL 32174** City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State all of the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DΫ OP TITLE Delete TITLE ☐ Change ▼ Addition PAYTON, FRANK NAME BILL ARTHUR 15 CYPRESS VIEW TR STREET ADDRESS STREET ADDRESS 1 CROSSINGS TR. City-St-Zip ORMOND BEACH FL 32174 CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE DAS **⊠** Delete TITLE **☆** Addition ☐ Change DECARLO, AL NAME GORMON CURRIE NAME I CYPRESS VIEW TR. STREET ADDRESS 2 CROSSINGS TRAIL STREET ADDRESS ORMOND BEACH FL 32174 ORMOND BEACHFL CITY-ST-ZIP CITY-ST-ZIP 32174 BAS TITLE Delete TITLE DAS Change Addition NAME HARRIS, CHARLES NANCY REVELL MAME 12 CROSSINGS TR. STREET ADDRESS 5 PINE SHADOW TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIE ORMOND BEACH FL 32174 ☐ Detete TITLE S 045 ☐ Chance 🔀 Addition JOE RIVERA NAMÉ MARULLI, FRANK 9 CYPRESS VIEWTR. 6 CYPRESS VIEW TRAIL STREET ADDRESS STREET ADDRESS ORMOND BENCH, Fl. 32114 CITY-ST-ZIP ORMAOND BEACH FL 32174 CITY-ST-ZIP DT TITLE ☐ Delete TITLE ☐ Change Addition ALBEE, HARRY NAME NAME 17 CYPRESS VIEW TRAIL STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Defete TITLE ☐ Change Addition STULL, BRYANT CHARLEGN THOMAS 8 PINE SHADOW TR. NAME NAME 7 PINE SHADOW TRAIL STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-7IP CITY-ST-ZIP ORMOND BEACH FL.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

HIAMES

1/18/06

FILED

Jan 24, 2006 8:00 am