

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N17016

Entity Name: THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

Current Mailing Address:

17 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

FEI Number: 59-2823219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAMPBELL, TOM C
4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

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: TOM CAMPBELL

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OP () Delete
Name: STULL, BRIAN
Address: 7 PINE SHADOW TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: OAS () Delete
Name: WRIGHT, TONI
Address: 4 CROSSINGS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DAS () Delete
Name: RIVERA, JOSEPH
Address: 4 CYPRESS VIEW TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: MARULLI, FRANK
Address: 6 CYPRESS VIEW TRAIL
City-St-Zip: ORMAOND BEACH, FL 32174

Title: DT () Delete
Name: ALBEE, HARRY
Address: 17 CYPRESS VIEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DAS () Delete
Name: HARRIS, CHARLIE
Address: 6 PINE VIEW TR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OP (X) Change () Addition
Name: MARULLI, FRANK
Address: 6 CYPRESS VIEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: OS (X) Change () Addition
Name: WRIGHT, TONI
Address: 4 CROSSINGS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: OVP (X) Change () Addition
Name: RIVERA, JOSEPH
Address: 4 CYPRESS VIEW TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS (X) Change () Addition
Name: BASS, EDDIE
Address: 3 CROSSINGS TRAIL
City-St-Zip: ORMAOND BEACH, FL 32174

Title: DT (X) Change () Addition
Name: CAMPBELL, TOM
Address: 4 CYPRESS VIEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS (X) Change () Addition
Name: HARRIS, CHARLIE
Address: 5 PINE SHADOW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CAMPBELL

DT

01/26/2009

Electronic Signature of Signing Officer or Director

Date