

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N23816** (4)

1. Corporation Name  
**THE CROSSINGS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 11905 STEPPINGSTONE BLVD. TAMPA FL 33635  
Mailing Address: 11905 STEPPINGSTONE BLVD. TAMPA FL 33635

3. Date Incorporated or Qualified: 12/10/1987  
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-24) and Mailing Address (26-29) details including Suite, Apt. #, etc., City & State, and Zip & Country.

4. FEI Number: 59-2859411  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**JOHNSON, GLENN R.  
11905 STEPPINGSTONE BLVD.  
TAMPA FL 33635**

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Glenn R Johnson* DATE: *Mar 14, 1996*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GLENN R.	
STREET ADDRESS	11905 STEPPINGSTONE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRECO, TONY	
STREET ADDRESS	12033 STEFFINGSTONE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, MARK	
STREET ADDRESS	11926 STEPPINGSTONE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DAVID KRALL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	12014 STEPPINGSTONE BLVD	
1.3 STREET ADDRESS	TAMPA FL 33635	
1.4 CITY-ST-ZIP		
2.1 TITLE	BOB Bushman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	11915 STEPPINGSTONE BLVD	
2.3 STREET ADDRESS	TAMPA FL 33635	
2.4 CITY-ST-ZIP		
3.1 TITLE	Glenn R Johnson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	11905 STEPPINGSTONE BLVD	
3.3 STREET ADDRESS	TAMPA FL 33635	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Glenn R Johnson* DATE: *Mar 14, 96* DAYTIME PHONE #: *813-854-2166*

CR2E037 (12/95)