

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33635-62613. Date Incorporated or Qualified  
12/10/19873a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 12008 STEPPINGSTONE BLVD

2a. Mailing Address

26 12008 STEPPINGSTONE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 TAMPA, FL

City &amp; State

28 TAMPA, FL

Zip

24 33635

Country

25 U.S.A.

Zip

29 33635

Country

30 U.S.A.

4. FEI Number

59-2859411

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. 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 Name

JEANNE GERMAISE

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

12008 STEPPINGSTONE BLVD.

83

84 City TAMPA

FL

85 Zip Code

33635

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

JEANNE K. GERMAISE

JEANNE K. GERMAISE VICE PRESIDENT

3/2/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRALL, DAVID	
STREET ADDRESS	12014 STEPPINGSTONE BLVD	
CITY - ST - ZIP	TAMPA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUSHMAN, BOB	
STREET ADDRESS	11915 STEPPING STONE BLVD	
CITY - ST - ZIP	TAMPA FL	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GLENN R.	
STREET ADDRESS	11905 STEPPING STONE 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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SELLS, JONATHAN	
1.3 STREET ADDRESS	12206 STEPPINGSTONE BLVD	
1.4 CITY - ST - ZIP	TAMPA, FL - 33635	

2.1 TITLE	VICE PRESIDENT VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERMAISE, JEANNE	
2.3 STREET ADDRESS	12008 STEPPINGSTONE BLVD	
2.4 CITY - ST - ZIP	TAMPA, FL - 33635	

3.1 TITLE	SECRETARY STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEIN, FRANK	
3.3 STREET ADDRESS	1212 STEPPINGSTONE BLVD.	
3.4 CITY - ST - ZIP	TAMPA, FL - 33635	

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

JEANNE K. GERMAISE

JEANNE K. GERMAISE

3/3/97

(813) 891-0515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049004

CR2E037 (9/96)