

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17016

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

**FILED  
Mar 30, 2024  
Secretary of State  
5942365073CC**

**Current Principal Place of Business:**

4 CYPRESS VIEW TRAIL  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

4 CYPRESS VIEW TRAIL  
ORMOND BEACH, FL 32174 US

**FEI Number: 59-2823219**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STULL, BRIAN  
Address        7 PINE SHADOWS TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            TREASURER, SECRETARY  
Name            CAMPBELL, TOM  
Address        4 CYPRESS VIEW TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            PETRICK, MICHAEL  
Address        5 PINE SHADOWS TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            CURRIE , GORDON  
Address        1 CYPRESS VIEW TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            WILLIAM, RAHMING  
Address        553 N. NOVA RD  
                  SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE: TOM CAMPBELL**

**TREASURER,  
SECRETARY**

**03/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date