

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17016

FILED
Feb 02, 2014
Secretary of State
CC4691199314

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

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 OP
Name PAYTON, FRANK
Address 15 CYPRESS VIEW TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title OS
Name WRIGHT, TONI
Address 4 CROSSINGS TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title OVP
Name RIVERA, JOSEPH
Address 4 CYPRESS VIEW TR
City-State-Zip: ORMOND BEACH FL 32174

Title DS
Name ANNA, GUTWEIN
Address 9 PINE SHADOW TRAIL
City-State-Zip: ORMOND BEACH FL 32174

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

Title DS
Name KISSELOFF, JARED
Address 11 CYPRESS VIEW TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title CORRESPONDING SECRETARY
Name RAY, JANIE
Address 10 CYPRESS VIEW TRAIL
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

02/02/2014

Electronic Signature of Signing Officer/Director Detail

Date