

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17016

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

**FILED**  
**Apr 02, 2020**  
**Secretary of State**  
**3551662273CC**

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

Title           VP  
Name           MAYFIELD, CAMERON  
Address        2 PINE SHADOWS TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title           TREASURER  
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           SECRETARY  
Name           RAY, JANIE  
Address        10 CYPRESS VIEW TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title           DIRECTOR  
Name           RAY, JANIE  
Address        10 CYPRESS VIEW 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

*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**

**04/02/2020**

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

\_\_\_\_\_  
Date