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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 761336 (7)

1. Corporation Name
THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF MARTIN COUNTY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1700 SW CROSSING CIR PALM CITY FL 34990 US
~~1700 SW CROSSING CIRCLE PALM CITY FL 34990~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1981
3a. Date of Last Report 03/22/1994

4. FEI Number 59-2811430
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26 90 SOUND MGMT. SYSTEMS
22 27 11942 S. DIXIE HWY
23 28 HOBE SOUND, FL
24 29 33455 30 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STONE, GARY
1630 SW CROSSING CIRCLE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	FEINAUER, SHARON
STREET ADDRESS	1698 SW CROSSING CIR
CITY - ST - ZIP	PALM CITY FL
TITLE	VP
NAME	SIMPSON, RENEE
STREET ADDRESS	1630 SW CROSSING CIRCLE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	KNAUBER, DELORES
STREET ADDRESS	1638 SW CROSSING CIRCLE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	STONE, GARY
STREET ADDRESS	1690 SW CROSSING CIRCLE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	SCHWAB, LORRAINE
STREET ADDRESS	1651 SW CROSSING CIRCLE
CITY - ST - ZIP	PALM CITY FL
TITLE	D
NAME	MORRA, EDITH
STREET ADDRESS	1632 SW CROSSING CIRCLE
CITY - ST - ZIP	PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SD JAMES BEER
23 STREET ADDRESS	P.O. BOX 1554 NA
24 CITY - ST - ZIP	STUART, FL. 34995
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PD
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D ANN WYNKOOP
63 STREET ADDRESS	1676 SW CROSSINGS CIRCLE
64 CITY - ST - ZIP	PALM CITY, FL. 34990

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *DeLoree Knauber* DELORES KNAUBER
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/23/95 220-4321
(Signature Place)