

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **761336** (7)
1. Corporation Name
THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF MARTIN COUNTY



Principal Place of Business: **1700 SW CROSSING CIR PALM CITY FL 34990 US**
Mailing Address: **C/O SOUND MGMT SYSTEMS 11942 S. DIXIE HWY HOBE SOUND FL 33455 US**

3. Date Incorporated or Qualified: **12/31/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21** 2617 SE Delar St., **22** Stuart, Florida, **23** 34997, **24** Martin, **25** **26** **27** **28** **29** **30**

4. FEI Number: **59-2811430**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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, **B5** Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FEINAUER, SHARON
STREET ADDRESS	1698 SW CROSSING CIR
CITY-ST-ZIP	PALM CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BEER, JAMES
STREET ADDRESS	P O BOX 1554 N/A
CITY-ST-ZIP	STUART FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KNAUBER, DELORES
STREET ADDRESS	1638 SW CROSSING CIRCLE
CITY-ST-ZIP	PALM CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STONE, GARY
STREET ADDRESS	1680 SW CROSSING CIRCLE
CITY-ST-ZIP	PALM CITY FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SCHWAB, LORRAINE
STREET ADDRESS	1651 SW CROSSING CIRCLE
CITY-ST-ZIP	PALM CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WYNKOOP, ANN
STREET ADDRESS	1676 SW CROSSINGS CIRCLE
CITY-ST-ZIP	PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Schwab
3.3 STREET ADDRESS	1651 SW Crossings Circle
3.4 CITY-ST-ZIP	Palm City, FL. 34990
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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Perham
5.3 STREET ADDRESS	1693 SW Crossings Circle
5.4 CITY-ST-ZIP	Palm City, FL. 34990
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jim Beer, President** 2/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)