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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 2617 SE DELAR ST, STUART FL 34997-5203, US



3. Date Incorporated or Qualified: 12/31/1981
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2811430		Applied For: Not Applicable	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONE, GARY 1630 SW CROSSING CIRCLE PALM CITY FL 34990				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City: FL 85. Zip Code			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	FEINAUER, SHARON 1698 SW CROSSING CIR PALM CITY FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD	BEER, JAMES P O BOX 1554 N/A STUART FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	SCHWAB, MICHAEL 1651 SW CROSSINGS CIRCLE PALM CITY FL	3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP Andy Panzarella 1632 SW Crossings Circle Palm City, FL 34990
TITLE: D	STONE, GARY 1680 SW CROSSING CIRCLE PALM CITY FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T	PERHAM, JOHN 1693 SW CROSSINGS CIRCLE PALM CITY FL	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
TITLE: D	WYNKOOP, ANN 1676 SW CROSSINGS CIRCLE PALM CITY FL	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann Wynkoop* Ann Wynkoop 1/31/97

CR2E037 (9/96)