

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90006 034 ****61.25

DOCUMENT # 761336

1. Entity Name

THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF M

Principal Place of Business

Mailing Address

1700 SW CROSSING CIR
 PALM CITY FL 34990
 US

P O BOX 2188
 STUART FL 34995-2188
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2811430

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, GARY
1630 SW CROSSING CIRCLE
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FEINAUER, SHARON**
 STREET ADDRESS **1698 SW CROSSING CIR**
 CITY-ST-ZIP **PALM CITY FL**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BEER, JAMES**
 STREET ADDRESS **P O BOX 1554 N/A**
 CITY-ST-ZIP **STUART FL**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **CARR, MARYL A**
 STREET ADDRESS **1584 SW CROSSINGS CIR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **STONE, GARY**
 STREET ADDRESS **1680 SW CROSSING CIRCLE**
 CITY-ST-ZIP **PALM CITY FL**

TITLE Change Add
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FALSETTI, ROSE**
 STREET ADDRESS **1573 SW CROSSINGS CIR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE Change Add
 NAME **Murray, Robert**
 STREET ADDRESS **1577 SW Crossings Circle**
 CITY-ST-ZIP **Palm City, FL 34990**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

James Beer, Pres.

1/26/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #