

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90033 047 ****61.25

DOCUMENT # 761336

1. Entity Name

THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF MARTIN COUNTY

Principal Place of Business

Mailing Address

1700 SW CROSSING CIR
 PALM CITY FL 34990
 US

P O BOX 2188
 STUART FL 34995
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2811430**

Applied For

Not Applicable

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

ROSS, DEBORAH L ESQ
401 EAST OSCEOLA STREET
FIRST FLOOR RIVER OAK CENTER
STUART FL 34994

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	S	<input checked="" type="checkbox"/> Delete
NAME	FEINAUER, SHARON	
STREET ADDRESS	1698 SW CROSSING CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRICE, CLYDE	
STREET ADDRESS	1671 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KNAUBER, DOLORES	
STREET ADDRESS	1638 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUSOLEIT, ANGELA	
STREET ADDRESS	1626 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNKOOP, ANN	
STREET ADDRESS	1676 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, BETTINA	
STREET ADDRESS	1649 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	TRAVELER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, SARA	
STREET ADDRESS	1621 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWENSTEIN, MICHAEL	
STREET ADDRESS	1625 SW CROSSING CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berner, Randy	
STREET ADDRESS	1695 SW Crossing Circle	
CITY-ST-ZIP	Palm City, FL 34990	

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:

Price, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2002

CR2E037 (9/01)