


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90005 039 \*\*\*\*61.25

|   |         |   |         |   |
|---|---------|---|---------|---|
| DOCUMENT # 761336   |         | 80100<br>93 1/30/07   |         |  |
| 1. Entity Name<br>THE CROSSINGS HOME OWNERS ASSOCIATION, INC.<br>OF MARTIN COUNTY   |         |   |         |   |
| Principal Place of Business<br>1700 SW CROSSING CIR<br>PALM CITY FL 34990<br>US   |         | Mailing Address<br>1700 SW CROSSING CIR<br>PALM CITY FL 34990<br>US |         |   |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address  |         |   |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |   |
| City & State  |         | City & State  |         |   |
| Zip   | Country | Zip   | Country |   |
| 6. Name and Address of Current Registered Agent<br><br>ROSS, DEBORAH L ESQ<br>401 EAST OSCEOLA STREET<br>FIRST FLOOR RIVER OAK CENTER<br>STUART FL 34994  |         |   |         | 7. Name and Address of New Registered Agent                                       |
|   |         |   |         | 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. I am familiar with, and accept the obligations of registered agent. |         |   |         |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                       |         |   |         |   |



1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br>59-2811430                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |  |                             |   |
|--|--|-----------------------------|---|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>SMYTH, LINDA<br>1571 SW CROSSING CIR<br>PALM CITY FL 34990 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VPD<br>PRICE, CLYDE<br>1671 SW CROSSING CIRCLE<br>PALM CITY FL 34990 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>MCCORY, CHRIS M<br>1645 SW CROSSING CIR<br>PALM CITY FL 34990 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>BEAUSOLEIL, ANGELA<br>1626 SW CROSSING CIR.<br>PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>BLACKENSHIP, JAMES<br>1655 SW CROSSING CIR<br>PALM CITY FL 34990 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

*D Andrew Puglisi  
1614 SW Crossing Cir  
Palm City, FL 34990*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joseph B. Zolben* *Joseph B. Zolben* *Morgan* *5/24/07* *877-288-2960*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #