


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

80100
FILED
 Apr 28, 2008 08:00 AM
 Secretary of State

DOCUMENT # 761336

1. Entity Name
THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF MARTIN COUNTY



Principal Place of Business Mailing Address

1700 SW CROSSING CIR 1700 SW CROSSING CIR
 PALM CITY FL 34990 PALM CITY FL 34990
 US 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

1st MOORE CR2E037 (10/07)

4. FEI Number **59-2811430** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROSS, DEBORAH L ESQ
401 EAST OSCEOLA STREET
FIRST FLOOR RIVER OAK CENTER
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 _____ DATE _____

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is required with continuing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMYTH, LINDA	
STREET ADDRESS	1571 SW CROSSING CIR	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRICE, CLYDE	
STREET ADDRESS	1671 SW CROSSING CIRCLE	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCORY, CHRIS M	
STREET ADDRESS	1645 SW CROSSING CIR	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUGLIS, ANDREW	
STREET ADDRESS	1614 SW CROSSING CIR	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKENSHIP, JAMES	
STREET ADDRESS	1655 SW CROSSING CIR	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

U00000930499
 05/21/08-80111-007 61.25

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: *Deborah L Smyth*