

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761336

FILED  
Jan 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1700 SW CROSSING CIR  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SW CROSSING CIR  
PALM CITY, FL 34990 US

**New Mailing Address:**

FEI Number: 59-2811430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMYTH, LINDA  
Address: 1571 SW CROSSING CIR  
City-St-Zip: PALM CITY, FL 34990

Title: VPD ( ) Delete  
Name: PRICE, CLYDE  
Address: 1671 SW CROSSING CIRCLE  
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete  
Name: MCCORY, CHRIS M  
Address: 1645 SW CROSSING CIR  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: PUGLIS, ANDREW  
Address: 1614 SW CROSSING CIR  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: BLACKENSHIP, JAMES  
Address: 1655 SW CROSSING CIR  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SMYTH

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date