

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90144 018 \*\*\*\*61.25

0062366

**DOCUMENT # 761336**

1. Entity Name

**THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF M  
ARTIN COUNTY**



Principal Place of Business

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

Mailing Address

**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



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, SARA</b>	
STREET ADDRESS	<b>1621 SW CROSSING CSA</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PRICE, CLYDE</b>	
STREET ADDRESS	<b>1871 SW CROSSING CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOEWENSTEIN, MICHAEL</b>	
STREET ADDRESS	<b>1626 SW CROSSING CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WYNKOOP, ANN</b>	
STREET ADDRESS	<b>1676 SW CROSSING CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERNER, RANDY</b>	
STREET ADDRESS	<b>1649 SW CROSSING CIRCLE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angela Beausoleil</b>	
STREET ADDRESS	<b>1626 SW Crossing Cir</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cherilyn Heitz</b>	
STREET ADDRESS	<b>1672 SW Crossings Cir.</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
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		

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**

**2-25-03 172-221-7383**

CR2E037 (10/02)