FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:55

DOCUMENT # N20909 (0)

1. Corporation Name

THE RESERVE AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ENERGY PROPERTY MANAGEMENT SERVICES P.O. BOX 950455 LAKE MARY FL 32795-0455	% ENERGY PROPERTY MANAGEMENT SERVICES P.O. BOX 950455 LAKE MARY FL 32795-0455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2811327 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~RUSSELL ANNE H~~
~~165 W SR 434~~
~~WINTER SPRINGS FL 32708~~

10. Name and Address of New Registered Agent

81 Name: Energy Property MANAGEMENT Services
82 Street Address (P.O. Box Number is Not Acceptable): 165 West S.R. 434
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anne H. Russell, ANNE H. RUSSELL, President, Energy Property MGMT. Services 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRONOWSKI, SUSAN	1.2 NAME		
STREET ADDRESS	358 DAWNVIEW CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SHUGHART, JOHN A	2.2 NAME		
STREET ADDRESS	881 HEATHER GLEN CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP		
TITLE	~~DT~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DERVISH, MARTHA	3.2 NAME		
STREET ADDRESS	332 MORNING GLORY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP		
TITLE	~~DV~~	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~MARGOUS, BILL~~	4.2 NAME	Munyon, Lisa	
STREET ADDRESS	~~761 HEATHER GLEN CIR~~	4.3 STREET ADDRESS	732 Heather Glen Cir.	
CITY-ST-ZIP	~~LAKE MARY FL~~	4.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	~~D~~	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	SWEETEN, COLLEEN	5.2 NAME		
STREET ADDRESS	812 HEATHER GLEN CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP		
TITLE	~~DP~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CARDER, RONALD	6.2 NAME		
STREET ADDRESS	357 DAWNVIEW CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Munyon President 407-327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0003771