2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **N00000007740**

1. Entity Name
THE CROSSING PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 8TH ST., STE. A	800 8TH ST., STE. A
VERO BEACH FL 32962	VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **65-1076543** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRACKETT MARK A 1507 25TH AVE. VERO BEACH FL 32960	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.

SIGNATURE _____ **04/27/2001**
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	VD		TITLE	VD	
NAME	BRACKETT DANNY		NAME	TOM FREDRICKSON	
STREET ADDRESS	305 40TH CT. SW		STREET ADDRESS	460 38TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	THORPE MICHAEL		NAME	GASKILL KAREN	
STREET ADDRESS	1932 32ND AVE.		STREET ADDRESS	28 FOREST PARK DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRACKETT MARK A		NAME		
STREET ADDRESS	1507 25TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Mark A. Brackett TD 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #