

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90016 033 ****61.25

DOCUMENT # N00000007740

1. Entity Name

THE CROSSING PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

800 8TH ST., STE. A
 VERO BEACH FL 32962

800 8TH ST., STE. A
 VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

443 34th Court
 Vero Beach, FL 32968

443 34th Court
 Vero Beach, FL 32968



DO NOT WRITE IN THIS SPACE

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

Nancy Halbert
 443 34th Court
 Vero Beach, FL 32968

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.

TREASURER

SIGNATURE

Nancy A. Halbert **NANCY A. HALBERT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/02
 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.

DIRECTORS IN 10

TITLE ☒ Delete
 NAME **TO**
 STREET ADDRESS **BRACKETT, MARK A**
 CITY-ST-ZIP **1507 25TH AVE.**
VERO BEACH FL 32960

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 Halbert, Nancy A
 443 34th Court
 Vero Beach, FL 32968

☐ Change ☒ Addition

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **GASKILL, KAREN**
 CITY-ST-ZIP **28 FOREST PARK DRIVE**
VERO BEACH FL 32962

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 Halbert, Harry R
 443 34th Court
 Vero Beach, FL 32968

☐ Change ☒ Addition

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **TOM, FREDRICKSON**
 CITY-ST-ZIP **460 38TH AVENUE**
VERO BEACH FL 32968

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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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:

Nancy A. Halbert **NANCY A. HALBERT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

3/8/02
 Date

772-299-0028
 Daytime Phone #

CR2E037 (9/01)