

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90054 050 \*\*\*\*61.25



**DOCUMENT # N00000007740**  
 1. Entity Name  
**THE CROSSING PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3460 5TH PLACE VERO BEACH FL 32968** **3460 5TH PLACE VERO BEACH FL 32968**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**490 34th Avenue** **490 34th Avenue**

City & State City & State  
**Vero Beach, FL** **Vero Beach, FL**

Zip Country Zip Country  
**32968 USA** **32968 USA**



1st MOORE CR2E037 (10/04)

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  
**HALBERT, NANCY**  
**443 34TH COURT**  
**VERO BEACH FL 32968**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MACWILLIAM, KEVIN	
STREET ADDRESS	3460 5TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUDDE, GREG	
STREET ADDRESS	PO BOX 650026	
CITY-ST-ZIP	VERO BEACH FL 32965	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACWILLIAM, THERESA L	
STREET ADDRESS	3460 5TH PLACE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Curtis	
STREET ADDRESS	490 34th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyer, Jeff	
STREET ADDRESS	454 34th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond, Michlena	
STREET ADDRESS	490 34th Avenue	
CITY-ST-ZIP	Vero Beach FL 32968	
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		
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:** *Curtis M. Raymond* **2/19/05** **(772) 794-1883**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #