2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

## **FILED** DOCUMENT # N00000007740 Jan 30, 2006 08:00 AM **Secretary of State** THE CROSSING PROPERTY OWNER'S ASSOCIATION. INC. Principal Place of Business Mailing Address 490 34TH AVENUE 490 34TH AVENUE VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-1076543 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired $\Gamma$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALBERT, NANCY Street Address (P.O. Box Number is Not Acceptable) 443 34TH COURT VERO BEACH FL 32968 City 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, typical 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PO TITLE ☐ Delete T139.5 ☐ Addition RAYMOND, CURTIS NAME UDOUOU496856 490 34TH AVENUE STREET ADDRESS STREET ADDRESS 02/07/06-80106-013 61.25 VERO BEACH FL 32968 CITY-ST-ZIP CITY - ST - ZIP VPD TITLE ☐ Delete ☐ Change ☐ Addition MEYER, JEFF NAME 454 34TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY+ST-ZIP TITLE Deleie T I Change TITLE Addition NAME RAYMOND, MICHLENA NAME STREET ADDRESS 490 34TH AVENUE STREET ADDRESS CITY ST-ZIP VERO BEACH FL 32968 CITY - ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-7/P TITLE □ Delete HILE Change Addition 🗌 NAME NAME STREET ADDRESS STREET ADDRESS SITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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