

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90091 028 \*\*\*\*61.25



1st MOORE CR2E037 (10/06)

DOCUMENT # N00000007740 1. Entity Name THE CROSSING PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 490 34TH AVENUE VERO BEACH FL 32968		Mailing Address 490 34TH AVENUE VERO BEACH FL 32968	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 65-1076543		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <i>James J. Goodwin</i> DATE: 2-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW; FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RAYMOND, CURTIS STREET ADDRESS: 490 34TH AVENUE CITY-STATE-ZIP: VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JAMES J. GOODWIN II P.D. STREET ADDRESS: 407 34TH CT CITY-STATE-ZIP: VERO BEACH, FL 32968	
TITLE: VPD NAME: MEYER, JEFF STREET ADDRESS: 454 34TH AVENUE CITY-STATE-ZIP: VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JEAN L. GOODWIN, ADD Sec/TM, D STREET ADDRESS: 407 34TH CT CITY-STATE-ZIP: VERO BEACH, FL 32968	
TITLE: TD NAME: RAYMOND, MICHLINA STREET ADDRESS: 490 34TH AVENUE CITY-STATE-ZIP: VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JOHN CAMPBELL, ID VP, D STREET ADDRESS: 455 34TH CT CITY-STATE-ZIP: VERO BEACH, FL 32968	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>James J. Goodwin</i> J 2 07		Date: 704-299-5857 104-929-5857 Daytime Phone #	


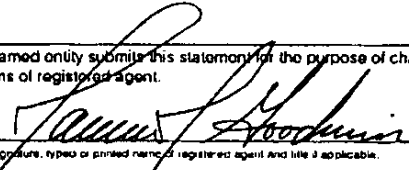
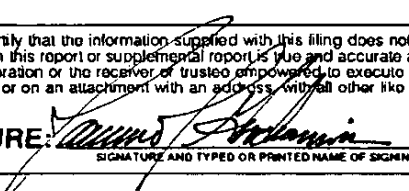
# ANNUAL REPORT (AR)

3/12/2007-90091-028-S61.25-S61.25

ATTACHMENT  
66008-774



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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1076543</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HALBERT, NANCY 443 34TH COURT VERO BEACH FL 32968</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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SIGNATURE 			DATE <b>2-27-07</b>		
FILE NOW; FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAYMOND, CURTIS 490 34TH AVENUE VERO BEACH FL 32968	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES J. GOODWIN II, P.D. 407 34TH CT VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEYER, JEFF 454 34TH AVENUE VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JEAN L. GOODWIN, VPD Sec. - TL, D 407 34TH CT VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAYMOND, MICHELINA 490 34TH AVENUE VERO BEACH FL 32968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN CAMPBELL, TD VP 455 34TH CT VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 			DATE: <b>3-3-07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		

904-299-5857  
104-299-5857