

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17016

FILED
Apr 01, 2010
Secretary of State

Entity Name: THE CROSSINGS OF ORMOND BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2823219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, TOM C
4 CYPRESS VIEW TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OP
Name: MARULLI, FRANK
Address: 6 CYPRESS VIEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: OS
Name: WRIGHT, TONI
Address: 4 CROSSINGS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: OVP
Name: RIVERA, JOSEPH
Address: 4 CYPRESS VIEW TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS
Name: BASS, EDDIE
Address: 3 CROSSINGS TRAIL
City-St-Zip: ORMAOND BEACH, FL 32174

Title: DT
Name: CAMPBELL, TOM
Address: 4 CYPRESS VIEW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DS
Name: HARRIS, CHARLIE
Address: 5 PINE SHADOW TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS CAMPBELL-TREASURE

MR.

04/01/2010

Electronic Signature of Signing Officer or Director

Date