

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20909

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** THE RESERVE AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-2811327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: TRUEBLOOD, ELWOOD  
Address: 441 MORNING GLORY DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete  
Name: HARRIS, SALLIE  
Address: 387 DAWNVIEW CT  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: STALLWORTH, DAWN  
Address: 456 MORNING GLORY DR  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: BROWN, CHRIS  
Address: 31136 SENESE RD  
City-St-Zip: SORRENTO, FL 32776

Title: VPD ( ) Delete  
Name: MILLER, SID  
Address: 445 MORNING GLORY DR  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: EVOLA, TINA  
Address: 822 HEATHER GLEN CIR  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELWOOD TRUEBLOOD

PD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

**NAME OF ENTITY:**

THE RESERVE AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC

**DOCUMENT NUMBER:**

N20909

**ADDITIONAL BOARD MEMBERS**

DIRECTOR

LEIGH QUINN

840 HEATHER GLEN CIR

LAKE MARY FL 32746-6133