## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

N93000004385 (1)

1. Corporation DUCK	on Name  CROSSING CONDOMINIL		` '	,		
Principal Place of Business Mailing Address						
578 STERTHAUS AVE. 578 STERTHAUS AVE. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174				4		3. Date Incorporated or Qualified 09/28/1993
						4. FEI Number Applied For
2. Principal f	Place of Business	2a. Mailing A	ddraee			<b>59-3209440</b> Not Applicable
21		26	_ <b></b>			5. Certificate of Status Desired
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
City 8 Stat	J _	27				Trust Fund Contribution Added to Fees
City & Stat		28 City & Sta	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip		Country	/	8. This corporation owes or has paid the current year Intangible
24	25 29 30  9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No	
	9, Hallie Bild Address of Colle	aur walleralan wha	<u></u>	81	Name	10. Name and Address of New Registered Agent
HANDE	L, FANNY					
	ERTHAUS AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)
	ND BEACH FL 32174			83		
				84	City	■■ 85 Zip Code
					1	FL   T   T   T   T   T   T   T   T   T
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Statement amiliar with, and accept the obli	502 and 617.1508, Fi te of Florida. Such of igations of, Section £	iorida Statute hange was a 317.0503, Flo	is, the above juthorized by prida Statuter	∍-named o / the corp∘ s.	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered a OFFICERS AI	AND DIRECTORS	(NOTE	E: Registered Age	int aignature r	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP OF THE PROPERTY OF THE PROP		DELETE	1.1 TITLE	—Т	Change
NAME	HANDEL, FANNY			1.2 NAME		- · +
STREET ADDRESS	578 STERTHAUS AVE			1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY - S1	T-ZIP	34174
TITLE	DV	Ш	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANDEL, MAXIMO			2.2 NAME		
STREET ADDRESS	578 STERTHAUS AVE			2.3 STREET		32174
CITY-ST-ZIP TITLE	ORMOND BEACH FL		DELETÉ	2.4 CITY-S	iT-ZIP	
NAME	HANDEL, DIEGO	_	ULLLIE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	1502 S PALMETTO AVE SUI	ITE 100		3.3 STREET	ADDECC	
CITY-ST-ZIP	DAYTONA BEACH FL	/IL 100		3.4. CITY-S		32HY.
TITLE	With the Country of t		DELETE	4.1 TITLE	H-VII	Change Addition
NAME				4. 2 NAME		<del>-</del> · -
STREET ADDRESS				4.3 STREET A	ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST	T-ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET A	ADDRESS	
CITY-ST-ZIP			- <del></del>	5.4 CITY-ST	r-ziP	
TITLE	l	Ц	DELETE	6.1 TITLE		☐ Change ☐ AddItion
NAME	l			6.2 NAME		
STREET ADDRESS	l			6.3 STREET A		
CITY-ST-ZIP				6.4 CITY-ST	I-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 26 1998 8:00am

Secretary of State