

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 046 ****61.25

DOCUMENT # N96000003886



1. Entity Name
**THE CROSSINGS AT BLUEWATER BAY HOMEOWNER'S
ASSOCIATION, INC.**

Principal Place of Business
**1940 BLUEWATER BLVD
#11
NICEVILLE, FL 32578 US**

Mailing Address
**1940 BLUEWATER BLVD
#11
NICEVILLE, FL 32578 US**

40067629



2. Principal Place of Business - No P.O. Box #

905 lauderhill lane

Suite, Apt. #, etc.

3. Mailing Address

905 lauderhill

Suite, Apt. #, etc.

04102008

Chg-NP

CR2E037 (12/06)

City & State

Fort Walton Bch, FL

City & State

Fort Walton Bch, FL

4. FEI Number

59-3664810

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HALEY, ANN
1940 BLUEWATER BLVD
#11
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name **Chris Brannon**

Street Address (P.O. Box Number is Not Acceptable)

905 lauderhill lane

City

Fort Walton Bch

FL

Zip Code

32547

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 **Chris Brannon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/S
MIDDLETON, JAMES
1445 THE CROSSINGS
NICEVILLE, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP/T
LEECH, CHARLES
1438 THE CROSSINGS
NICEVILLE, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
VERTEFUEILLE, CAROLYN
1468 THE CROSSINGS
NICEVILLE, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/S
Marsha Plinske
1470 The Crossings
Niceville, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP/T
Vertefueille, Carolyn
1468 The Crossings
Niceville, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
Adella Jennings
1471 The Crossings
Niceville, FL 32578**



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Marsha Plinske** **Marsha Plinske**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

Date

850-830-1352

Daytime Phone #