FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000006198 (3)

DIXIE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address			BBT (1 BBT (1 BBT (1 BBT) 1 BT (8 16 FBT 18 11 12 BT)		
5591 150 AVE NORTH CLEARWATER FL 34620		5591 150 AVE., NORTH CLEARWATER FL 34620					
					3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.		26 Suita Ant # ata	Suite, Apt. #, etc.		59-3437102	Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 3	Country 30	У	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVE.			82	Street A	ddress (P.O. Box Number is Not Acceptate	ole)	
SUITE 2	202		83				
ST. PET	ERSBURG FL 33710		84	City		FL 85 Zip Code	
office or	registered agent, or both, in the Sta	nte of Florida. Such change was au	ithorized b	y the corpo	orporation submits this statement for the paration's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered	
agent. La	am familiar with, and accept the ob	ligations of, Section 617.0503, Flori	ida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered	agent and the if applicable (NOTE	Registered Ag	ent signature re	equired when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
TITLE	D	☐ D£LÉTE	1.1 TITLE			Change Addition	
NAME	HOYT, JEFFERY M		1.2 NAME				
STREET ADDRESS	5591 150 AVE., NORTH		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34620		1.4 City - St - ZIP				
TITLE	D	-				Change Addition	
NAME	DOYLE, ARTHUR T		2.2 NAME				
STREET ADDRESS	1717 DONCASTER ROAD		2.3 STREET ADDRESS				
City-ST-ZIP	OLEARWATER FL 34624		2. 4 CITY - ST - ZIP				
TITLE	D DODENTOON ONLOCA	☐ DELETE	3.1 TITLE			: . L Change L Addition	
NAME			3.2 NAME			-	
STREET ADDRESS	8108 6TH STREET NORTH	•	3.3 STREE			-	
CITY-ST-ZIP	ST. PETERSBURG FL 3370	Z DELETE	3.4. CITY-	S1-7IP		☐ Change ☐ Addition	
TITLE		Diff IE	4.1 TITLE	l		Change	
NAME			4 2 NAME	1			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - S 5.1 TITLE	ST - ZIP		Change Addition	
TITLE			1	-		□ change □ Audilion	
NAME expect apopese			5.2 NAME	ADDRESS			
STREET ADORESS			5.3 STREE	1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	01-218		☐ Change ☐ Addition	
NAME		neet	6 2 NAME	į		Em Orongo / Multion	
				ADDRESS			
STREET ADDRESS			6.3 STREET				

14. I do 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 angual report or supplied in the information indicated on this angual report or supplied in the information indicated on this angual report or supplied in the information indicated on this angual report of supplied in the information indicated on this angual report as if made under oath; that I am an officer or director of the corporation of the deceiver 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 or angular form an attachment with an address.