2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
02-20-2002 90127 012 ****61.25

DOCUMENT # N97000007082

1. Entity Name

THE CROSSINGS AT GRAND HAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
85 BAY MEADOWS WAY 200 CKSONVILLE FL 32256	7785 BAY MEADOWS WAY #200 JACKSONVILLE FL 32256 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3497473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGREGOR, DEBRA 7785 BAY MEADOWS WAY #200 JACKSONVILLE FL 32256	Name: JOHN MOLYNEAUX Street Address (P.O. Box Number is Not Acceptable): 7785 Bay Meadows Way Ste 200 City: Jacksonville FL Zip Code 32256

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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREGOR, DEBRA 8081 PHILIPS HWY, STE 14 JACKSONVILLE FL 32256 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Molyneaux, John D 7785 BayMeadow Way Ste #200 Jacksonville FL 32252 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATVOLD, VICKI 8081 PHILIPS HWY, STE 14 JACKSONVILLE FL 32256 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Smith, David 7785 Baymeadows Way Ste. 200 Jacksonville Fl 32256 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, HUNTER 8081 PHILIPS HWY, STE 14 JACKSONVILLE FL 32256 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Duncan, Judith 7785 Bay Meadows Way Ste 200 Jacksonville Fl 32256 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: SIGNATURE REQUIRED [signature] 3-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #