

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000007082

1. Entity Name
**THE CROSSINGS AT GRAND HAVEN HOMEOWNERS
ASSOCIATION, INC.**



FILED

05 MAR 21 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**185 CYPRESS POINT PKWY
JACKSONVILLE, FL 32256 US**

Mailing Address
**185 CYPRESS POINT PKWY
#200
JACKSONVILLE, FL 32256 US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02232005 REIN-NP CR2E099 (6/04)

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
**GAZZOLI, ROBERT
185 CYPRESS POINT PKWY
PALM COAST, FL 32164**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* DATE **3/3/05**

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAZZOLI, ROBERT 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAZZOLI, LAURA 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FALGAS, PENNY 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAWDRI, MIKE 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUT MENTZER, MICHEL 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LETTIERI, ROSEANN 185 CYPRESS POINT PKWY PALM COAST, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049891 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/05--01027--009 ***122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049891 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/05/05--01027--010 ***8.75

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]* DATE **3/3/05** DAYTIME PHONE # **386-445-5627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR