

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007082

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

185 CYPRESS POINT PKWY
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

185 CYPRESS POINT PKWY
#200
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3497473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCOTT, JAMES A JR.
185 CYPRESS POINT PKWY
PALM COAST, FL 32164 US

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: JAMES A. SCOTT, JR.

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAWDAI, MIKE
Address: 185 CYPRESS POINT PKWY
City-St-Zip: PALM COAST, FL 32164

Title: DVT () Delete
Name: MENTZER, MICHEL
Address: 185 CYPRESS POINT PKWY
City-St-Zip: PALM COAST, FL 32164

Title: DS () Delete
Name: LETTIERI, ROSEANN
Address: 185 CYPRESS POINT PKWY
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE SAWDAI

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date