

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 040 ****61.25

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



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3497473

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SEVERN TRENT SERVICES
475 WEST TOWN PLACE
SUITE 100
SAINT AUGUSTINE, FL 32092**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MACALLISTER, JEAN ☒ Delete
2 CROSSTIE CT.
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Pulick, John ☐ Change ☒ Addition
139 West Waterside Parkway
Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CARGILL, PAT ☒ Delete
24 CROSSTIE CT.
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Vitale, Ann ☐ Change ☒ Addition
150 West Waterside Parkway
Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DELLAFAUE, NICK ☐ Delete
26 CROSSTIE CT.
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P.
Della Fave, Nick ☒ Change ☐ Addition
26 Crosstie Ct
Palm Coast, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SCHNAUDIGEL, GEORGE ☐ Delete
18 CROSSTIE CT.
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2008

Date

904-940-6044

Daytime Phone #