

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90193 041 ****61.25

DOCUMENT # N97000007082

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



Principal Place of Business
**7785 BAY MEADOWS WAY
#200
JACKSONVILLE FL 32256
US**

Mailing Address
**7785 BAY MEADOWS WAY
#200
JACKSONVILLE FL 32256
US**

2. Principal Place of Business
**185 Cypress Point Pkwy
Suite, Apt. #, etc.
Palm Coast FL**

3. Mailing Address
**Same
Suite, Apt. #, etc.
Same**

City & State
City & State

Zip
32164

Country
USA



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MALYNEAUE, JOHN
7785 BAYMEADOWS WAY STE 200
JACKSONVILLE FL 32256**

4. FEI Number **59-3497473**

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name **ROBERT GAZZOLI**
Street Address (P.O. Box Number is Not Acceptable)
185 Cypress Point Pkwy
City **Palm Coast** FL Zip Code **32164**

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 DATE **1/10/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 MOLYNEAUX, JOHN 7785 BAYMEADOW WAY STE #200 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert Gazzoli 185 Cypress Point Pkwy Palm Coast FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, DAVID 7785 BAYMEADOWS WAY STE 200 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Laura Gazzoli 185 Cypress Point Pkwy Palm Coast FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUNCAN, JUDITH 7785 BAYMEADOWS WAY STE 200 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PENNY Falgout 185 Cypress Point Pkwy Palm Coast FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **1/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)