

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761336

**FILED**  
**May 21, 2021**  
**Secretary of State**  
**6063179527CC**

**Entity Name:** THE CROSSINGS HOME OWNERS ASSOCIATION, INC. OF MARTIN COUNTY

**Current Principal Place of Business:**

C/O TRITON PROPERTY MANAGEMENT  
175 TONEY PENNA DRIVE SUITE 100  
JUPITER, FL 33458

**Current Mailing Address:**

C/O TRITON PROPERTY MANAGEMENT  
175 TONEY PENNA DRIVE SUITE 100  
JUPITER, FL 33458 US

**FEI Number: 59-2811430**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS, DEBORAH LESQ  
789 S. FEDERAL HIGHWAY  
SUITE 101  
STUART, FL 34994 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PUGLISI, ANDY  
Address        C/O TRITON PROPERTY  
                  MANAGEMENT  
                  175 TONEY PENNA DRIVE SUITE 100  
City-State-Zip: JUPITER FL 33458

Title            VP  
Name            ATKINSON, JIM  
Address        C/O TRITON PROPERTY  
                  MANAGEMENT  
                  175 TONEY PENNA DRIVE SUITE 100  
City-State-Zip: JUPITER FL 33458

Title            TREASURER  
Name            EMANUELE, ANTHONY  
Address        C/O TRITON PROPERTY  
                  MANAGEMENT  
                  175 TONEY PENNA DRIVE SUITE 100  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            LOPES, JACK  
Address        C/O TRITON PROPERTY  
                  MANAGEMENT  
                  175 TONEY PENNA DRIVE SUITE 100  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            WILLIAMS , PAUL  
Address        C/O TRITON PROPERTY  
                  MANAGEMENT  
                  175 TONEY PENNA DRIVE SUITE 100  
City-State-Zip: JUPITER FL 33458

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDY PUGLISI**

**PRESIDENT**

**05/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date