## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761336** 

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

MARTIN COUNTY

**FILED** Jul 11, 2023 Secretary of State 3934977252CC

## **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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

PUGLISI, ANDY ATKINSON, JIM Name Name

Address C/O TRITON PROPERTY Address C/O TRITON PROPERTY

> MANAGEMENT MANAGEMENT

175 TONEY PENNA DRIVE SUITE 100 175 TONEY PENNA DRIVE SUITE 100

JUPITER FL 33458 JUPITER FL 33458 City-State-Zip:

Title **TREASURER** Title **SECRETARY** Name EMANUELE, ANTHONY Name LOPES, JACK

Address C/O TRITON PROPERTY Address C/O TRITON PROPERTY

> MANAGEMENT **MANAGEMENT**

175 TONEY PENNA DRIVE SUITE 100 175 TONEY PENNA DRIVE SUITE 100

JUPITER FL 33458 JUPITER FL 33458 City-State-Zip: City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

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.