

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761336

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC0646466955**

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

**Current Principal Place of Business:**

1700 SW CROSSING CIR  
PALM CITY, FL 34990

**Current Mailing Address:**

1700 SW CROSSING CIR  
PALM CITY, FL 34990 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           DIRECTOR  
Name           MILLER, DARA  
Address        SW CROSSING CIR  
City-State-Zip: PALM CITY FL 34990

Title           PRESIDENT  
Name           PRICE, CLYDE  
Address        1671 SW CROSSING CIRCLE  
City-State-Zip: PALM CITY FL 34990

Title           DIRECTOR  
Name           MCCORY, CHRIS M  
Address        1645 SW CROSSING CIR  
City-State-Zip: PALM CITY FL 34990

Title           TREASURER  
Name           HOLLAND, KAREN  
Address        1632 SW CROSSING CIR  
City-State-Zip: PALM CITY FL 34990

Title           VP  
Name           HELDER, EILEEN  
Address        1673 SW CROSSING CIR  
City-State-Zip: PALM CITY FL 34990

*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: CLYDE PRICE**

**PRES**

**04/15/2013**

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

\_\_\_\_\_  
Date