

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761336

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

**FILED  
Apr 21, 2016  
Secretary of State  
CC8072734797**

**Current Principal Place of Business:**

1930 COMMERCE LANE  
SUITE 1  
PALM CITY, FL 34990

**Current Mailing Address:**

1930 COMMERCE LANE  
SUITE 1  
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 SECRETARY  
Name ROBERT STRINGER, ROBERT STRINGER  
Address 1930 COMMERCE LANE SUITE 1  
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 VP  
Name HELDER, EILEEN  
Address 1673 SW CROSSING CIR  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name MCCRORY, CHRIS  
Address 1930 COMMERCE LANE SUITE 1  
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**

**PRESIDENT**

**04/21/2016**

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

\_\_\_\_\_  
Date