

FILE NOW: FILING FEE IS \$61.2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50596 (8)

1. Corporation Name

THE LANDING AT CROSS CREEK OWNERS ASSOCIATION,
NC.

Principal Place of Business

Mailing Address

C/O LARRY HOLCOMBE
449 CASHEROS COVE DR.
JACKSONVILLE FL 32225
US

C/O J&M ASSOCIATES, INC.
1503 OAK ST.
JACKSONVILLE FL 32204
US



3. Date Incorporated or Qualified
08/27/1992

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 LCCOA, INC

4. FEI Number
59-3153942

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2771-25 MONUMENT RD, 175

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

City & State

City & State

23 JACKSONVILLE FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32225 25 32225 29 32225 30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLCOMBE, LARRY
449 CASHEROS COVE DR.
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HOLCOMBE, LARRY
STREET ADDRESS 449 CASHEROS COVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME FEAZEI, BONNIE
STREET ADDRESS 12285 CASHEROS COVE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME FOWLER, ELAINE
STREET ADDRESS 432 ROLLING ROCK COURT
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE DT
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE DS
4.2 NAME FRANTZ, SHEILA
4.3 STREET ADDRESS 1225B AMANDA COVE TRAIL
4.4 CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Holcombe LARRY HOLCOMBE 26 JAN 96 (904) 270-5126 X3013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)