## 2Q05 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50596

## FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90106 028 \*\*\*\*61.25

	DING AT CROSS CREEK TION, INC.	OWNERS				
C/O SIGNATURE REALTY + MGMT INC C/C 4003 HARTLEY ROAD 40		4003 HARTLEY ROAD	C/O SIGNATURE REALTY + MGMT INC		14016373	
Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192005 Chg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3153942	Applied For Not Applica	_
Zip	Country	Zip	Country	5. Certificate of Status Desire	d S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of Ne	w Registered Agent	
CANTRELL	- RDVAN		Name			
CANTRELL, BRYAN C/O SIGNATURE REALTY + MGMT INC 4003 HARTLEY ROAD			Street Addres	Address (P.O. Box Number is Not Acceptable)		
	VILLE, FL 32257					
			City		FL Zip Code	
	named entity submits this statemen	t for the purpose of changing its re	agistered office or regis	tered agent, or both, in the State o	f Florida. I am familiar with, and acce	ept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
	Filing Fee is \$61.25	9. Election Camp	paion Financing	\$5.00 May Be	Make check payable to	
	Due by May 1, 2005	Trust Fund Co				
			maneodion.	Added to Fees	Florida Department of State	
10.	OFFICERS AND		11.	Added to Fees  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 10	
TITLE	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFF		lition
	OFFICERS AND DP PIERCE, JULIE	OK Delete	11. TIFLE NAME	additions/changes to off	ICERS AND DIRECTORS IN 10	lition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with altrother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/26/05

233-3391

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Daytime Phone #