

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

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

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N50596</b> 1. Entity Name <b>THE LANDING AT CROSS CREEK OWNERS          ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O SIGNATURE REALTY + MGMT INC          4003 HARTLEY ROAD          JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>C/O SIGNATURE REALTY + MGMT INC          4003 HARTLEY ROAD          JACKSONVILLE, FL 32257 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3153942</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CANTRELL, BRYAN          C/O SIGNATURE REALTY + MGMT INC          4003 HARTLEY ROAD          JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIERCE, JULIE 12302 AMANDA COVE TRAIL JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dale Gates 431 Rolling Rock Ct. Jax FL 32225 DV	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWAIN, FRANK 433 CASHEROS COVE DR JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Andrew Pustinger</del> Bonnie Fazel DT 12285 Casheros Cove Dr. S. JAX FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GATES, DALE 432 ROLLING ROCK CT JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony Butler 12426 Amanda Cove Tr JAX FL 32225 D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PUSTINGER, MELISSA 2342 AMANDA COVE TRAIL JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Courtney Gazzo 12364 Casheros Cove Dr. S. JAX FL 32225 D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add Phylliss Williams 12395 Casheros Ct. JAX FL 32225 D		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlie Gumbel 12310 Amanda Cove Trail JAX FL 32225 D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Pustinger 2342 Amanda Cove Tr. JAX FL 32225 D				
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			Date <b>4/26/05</b> Daytime Phone # <b>233-3391</b>		

14016373



01192005 Chg-NP CR2E037 (10/03)