

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90046 039 ****61.25

DOCUMENT # N94000003094



1. Entity Name
 CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
113 DESIRE AVRORA ST. WINTER GARDEN, FL 34787 US	2582 S. MAGUIRE RD. PMB # 318 OCOEE, FL 34761 US

34060000



02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2069501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, SPENCER
~~113 DESIRE AVRORA ST.~~ 113 DESIRE AVRORA ST.
 WINTER GARDEN, FL 34787

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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: SPENCER R. SOLOMON Spencer R. Solomon 3/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISTER, STEVEN 450 FERN MEADOW LOOP OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLINS, CONNIE 2494 CLIFF DALE ST. OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEARD, RICHARD 2416 CLIFFORD ST. CLIFF DALE ST. OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Connie Mullins 3/3/04 407.654.9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #