
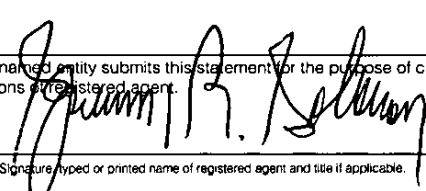
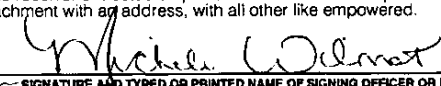


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90419 029 ****61.25

DOCUMENT # N94000003094 1. Entity Name CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 113 DESIRE AVRORA ST. WINTER GARDEN, FL 34787 US			Mailing Address 2582 S. MAGUIRE RD. PMB # 318 OCOEE, FL 34761 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, SPENCER 113 DESIREE AURORA ST. WINTER GARDEN, FL 34787				Name Street Address (P.O. Box Number is Not Acceptable) City	
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 the registered agent.				State FL Zip Code	
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYND, CRAIG S			NAME	
STREET ADDRESS	629 PARKWOOD AVE			STREET ADDRESS	
CITY - ST - ZIP	OCOEE, FL 34761			CITY - ST - ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMOT, MICHELE			NAME	
STREET ADDRESS	558 PARKWOOD AVE			STREET ADDRESS	
CITY - ST - ZIP	OCOEE, FL 34761			CITY - ST - ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	JPD PAULINA WOLFE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARD, RICHARD			NAME	
STREET ADDRESS	2416 CLIFF DALE ST.			STREET ADDRESS	
CITY - ST - ZIP	OCOEE, FL 34761			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/26/06 Daytime Phone # 407-877-0499	