

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003094

FILED  
Feb 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

113 DESIRE AVRORA ST.  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

2582 SOUTH MAGUIRE RD  
318  
OCOEE, FL 34761 US

**Current Mailing Address:**

2582 S. MAGUIRE RD.  
PMB # 318  
OCOEE, FL 34761 US

**New Mailing Address:**

PO BOX 783367  
WINTER GARDEN, FL 34787 US

**FEI Number:** 58-2069501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, SPENCER  
113 DESIREE AURORA ST.  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

SOLOMON, SPENCER  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: SPENCER SOLOMON

02/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LYND, CRAIG S  
Address: 629 PARKWOOD AVE  
City-St-Zip: OCOEE, FL 34761

Title: STD ( ) Delete  
Name: WILMOT, MICHELE  
Address: 558 PARKWOOD AVE  
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete  
Name: WOLFE, PAULINA  
Address: 2439 QUIET WATERS LOOP  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LYND, CRAIG S  
Address: 629 DARKWOOD AVE  
City-St-Zip: OCOEE, FL 34761

Title: STD (X) Change ( ) Addition  
Name: COE, DAVID  
Address: 504 DARKWOOD AVE  
City-St-Zip: OCOEE, FL 34761

Title: VPD (X) Change ( ) Addition  
Name: WOLFE, PAULINE  
Address: 2439 QUIET WATERS LOOP  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPENCER SOLOMON

RA

02/05/2007

Electronic Signature of Signing Officer or Director

Date