

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003266 (3)

1. Corporation Name

CROSS CREEK PARCEL D PHASE I HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

325 SOUTH BOULEVARD
TAMPA FL 33606

325 SOUTH BOULEVARD
TAMPA FL 33606

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 237 S. Westmonte Dr.

26 237 S. Westmonte Dr.

4. FEI Number

59-3256420

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 111

27 Suite 111

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Altamonte Springs, FL

28 City & State
Altamonte Springs, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
32714

25 Country
U.S.A.

29 Zip
32714

30 Country
U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWERS, GAIL E
4131 GUNN HWY
GREENACRE PROPERTIES INC
TAMPA FL 33624

81 Name JACK B. HANSON
82 Street Address (P.O. Box Number is Not Acceptable) 815 BRIERCLIFF DR.
83 THE MELROSE MANAGEMENT GROUP
84 City ORLANDO FL 85 Zip Code 32806

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0603, Florida Statutes.

SIGNATURE

[Signature] JACK B. HANSON PROP. MGR. 3/12/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALL, ALLEN	
STREET ADDRESS	237 S WESTMONTE DR STE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEEBLES, LARRY	
STREET ADDRESS	237 S. WESTMONTE DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, KATHERINE	
STREET ADDRESS	237 S. WESTMONTE DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bagley, James D	
1.3 STREET ADDRESS	237 S. Westmonte Drive, Suite 111	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Ronald G	
2.3 STREET ADDRESS	237 S. Westmonte Drive, Suite 111	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine Montgomery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 407 862-6300
DATE DAY/TIME PHONE #

CR2E037 (12/95)