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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED

Apr 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400003266 (3)

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

| TION, I | INC. | | | | | | | | | | | |
|---|--|---|--|--|--------------------------|--|---|---|---------------------|-----------------------------------|-----------------------------|--|
| Principal Plac | e of Business | Mail | ing Address | | | | | - | | 10 (01) \$(2) U | | |
| 237 8 WESTMO SUITE 111 ALTAMONTE SI | ONTE DR. PRINGS FL 32714 | 237 S WESTMONTE DR. SUITE 111 ALTAMONTE SPRINGS FL 32714-4263 | | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/30/1994 | 3a. [| 03/20/19 | }eport 96 | | | |
| 2. Principal P | lace of Business | \vdash | 2a. Mailing Address 26 | | | | | 4. FEI Number 59-3256420 | | ├ ── ├ ─ | pplied For ot Applicable | |
| Sulte, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & Stat | е | 28 | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| Zip | Country 25 | | ľip | 30 Cc | untry | í | | This corporation has flability for Florida Statutes | | le tax under s | s. 199.032, | |
| | 9. Name and Address of Curren | t Registe | red Agent | | | , | | 10. Name and Address of New R | egistered | Agent | | |
| HANSON | I, JACK B | | | | 81 | Nar | | (D.O. David I asked in 101) | his | | | |
| 015 Briercliff dr. The Melrose Management Group | | | | 82 83 | 2 | er Addre | ss (P.O. Box Number is Not Accepted ASA TOEWA | ک رسط | uite | 100 | | |
| | 10 FL 92000 + | | | | " | | | | | | | |
| ORDANO | O 1 L 02000 * | | | | 84 | City | | | FL | 85 -Zip | 603 3 | |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with sand accept the oblige | 2 and 617 of Florida ations of, 8 | .1508, Florida Statu Such change was Section 617.0503, F | utes, the a authorize lorida Sta | above ed by atutes | e-nam the c | ed corpo orporatio | oration submits this statement for the on's board of directors. I hereby acce | | | | |
| SIGNATURE . | | | NACK | -10 | - /, | 111 | USUA | | 27/9 | 7 | | |
| 12. | Signature, typed or winted have during stored age | nt and title it a DIRECT | | TE: Rogister | | ent signa | ture require | t when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AM | ID DIRECTOI | 2S IN 12 | |
| TITLE | D | DITLOT | DELETE | | TITLE | | <u> </u> | ADDITIONO/ONANGEO TO OFFI | OLTIO AIN | Change | Addition | |
| NAME | BAGLEY, JAMES D | | | 1.21 | NAME | | 1 | | | - | _ | |
| STREET ADDRESS | 237 S WESTMONTE DR STE | 111 | | 1.3 5 | STREET | ADDRES | s | | | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | | | 1,4 (| CITY-S | 1-ZIP | - | | | | | |
| TITLE | D | | ☐ DELETÉ | 2.11 | IILE | | | | | Change | Addition | |
| NAME | SMITH, RONALD G | | | 2.21 | MAME | | | | | | | |
| STREET ADDRESS | 237 S. WESTMONTE DR., SUI | TE 111 | | 2.3 5 | STREET | ADDRES | s | | | | | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | | | | | 31 - ZIP | | | | , | | |
| TITLE | D MONTOONEDY MATHEONIE | | DELETE | 311 | | | | | | L Change | Addition | |
| NAME | MONTGOMERY, KATHERINE 237 S. WESTMONTE DR., SUI | TE 111 | | | NAME | | | | | | | |
| STREET ADDRESS | ALTAMONTE SPRINGS FL 327 | | | | | ADDRES | is | | | | | |
| CITY-ST-ZIP TITLE | ALIAMONTE SPRINGS PL 327 | | DELETE | 3.4. 4.1 T | CITY-S | ST-ZIP | | | | Change | Addition | |
| NAME | | | □ better | | NAME | | | | | L Change | ADDITION | |
| | | | | | | ADORES | . | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | HTY-S | | 3 | | | | | |
| TITLE | | | DELETE | 5.17 | | 1-211 | | | | Change | ☐ Addition | |
| NAME | | | | | IAME | | | | | | | |
| STREET ADDRESS | | | | | | ADDRES | s | | | | | |
| CITY-ST-ZIP | | | | | MY-S | | | | | | | |
| TITLE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | DELETE | 6.1 7 | | | | | | ☐ Change | Addition | |
| NAME | | | | 6.2 N | | | | | | | _ | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRES | s | | | | | |
| I | | | | | | | - 1 | | | | | |

14. I do 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 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 it changed, or on an attachment with an address.