


FILED

Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N34435 (0)

1. Corporation Name
CATTLEMAN'S CROSSING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
4800 MILE STRETCH
HOLIDAY FL 34680
US

Mailing Address
4800 MILE STRETCH
HOLIDAY FL 34680-4358
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
10/02/1989

3a. Date of Last Report
07/25/1996

4. FEI Number
59-3020067

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent
FREDERICK REIMER
4800 MILE STRETCH DR
HOLIDAY FL 34680

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD DEEB, ALEX R 8824 EASTHAVEN CT NEW PORT RICHEY FL 34655
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ST NORTON, DAVID 6709 RIDGE RD. PT. RICHEY FL 34668
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE D SILVA, SUE 6709 RIDGE RD. PT. RICHEY FL 34668
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE D FLEMEN, GEORGE 6709 RIDGE RD. PT. RICHEY FL 34668
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Harold Edwards 5611 Hereford Drive New Port Richey FL 34655
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SD Anthony Mayotte 5530 Hereford Drive New Port Richey FL 34655
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE TD Elizabeth Bradley 5640 Wellfield Road New Port Richey FL 34655
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D Robert Costello 5632 Hereford Drive New Port Richey FL 34655
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if changed, or in an attachment with an address.

SIGNATURE: [Signature] 4-11-97 813-847-8103
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0089138

CR2E037 (9/96)