

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006051

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** CROSS CREEK II MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

7402 N. 56TH STREET  
SUITE 480  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

7402 N. 56TH STREET  
480  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3293256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRISCIA, FRANCIS E ESQ  
5550 WEST EXECUTIVE DR  
STE 250  
TAMPA, FL 33609 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EDWARDS, THOMAS  
Address: 18201 HOLLYHILLS WAY  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: SCHALLER, CLAIRE  
Address: 10448 BLACKMORE DR  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: BOWERS, ALBREN  
Address: 18405 EASTWYCK DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: HAYNES, MICHAEL  
Address: 10332 MEADOW CROSSING DR  
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete  
Name: STEPNIOWSKI, JENNIFER  
Address: 18203 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: P ( ) Delete  
Name: LEWIS, CRAIG  
Address: 18142 SWEET JASMINE DR  
City-St-Zip: TAMPA, FL 33647

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JO-ANN PILAWSKI

MGR

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date