

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004754

**FILED**  
**Feb 16, 2020**  
**Secretary of State**  
**8553704650CC**

**Entity Name:** CROSS CREEK OF ORMOND BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

70-76 VINING COURT  
ORMOND BCH, FL 32176

**Current Mailing Address:**

P.O. BOX 4257  
ORMOND BEACH, FL 32175-4257 US

**FEI Number: 65-1193049**

**Certificate of Status Desired: No**

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

ALBANESE HOLLANDER INC  
1 RIDGE TRAIL  
ORMOND BEACH, FL 32174 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: ADRIANA ALBANESE

02/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BLAWN, CAROL  
Address        P.O. BOX 4257  
City-State-Zip: ORMOND BEACH FL 32175-4257

Title           VP  
Name           WILLWERTH, GARY  
Address        P.O. BOX 4257  
City-State-Zip: ORMOND BEACH FL 32175-4257

Title           SECRETARY  
Name           THOMPSON, NEAL  
Address        P.O. BOX 4257  
City-State-Zip: ORMOND BEACH FL 32175-4257

Title           TREASURER  
Name           GASKIN, GEOFF  
Address        P.O. BOX 4257  
City-State-Zip: ORMOND BEACH FL 32175

*I hereby 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 all other like empowered.*

SIGNATURE: CAROL BLAWN

PRESIDENT

02/16/2020

Electronic Signature of Signing Officer/Director Detail

Date