

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000002271

Entity Name: CROSS CREEK MANDARIN HOMEOWNERS' ASSOCIATION, INC.

**FILED
Sep 16, 2021
Secretary of State
4068450143CC**

Current Principal Place of Business:

112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 1389
ST. AUGUSTINE, FL 32085 US

FEI Number: 46-2207233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALSOB PROPERTY MANAGEMENT
112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084 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: ANDREW NORGART

09/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MACHIN JR, RAUL
Address PO BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title SECRETARY
Name AMOS, CLEMENT
Address PO BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title PRESIDENT
Name PATE, TONYA L
Address PO BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title AGENT
Name RAULERSON, JANEEN
Address PO BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP
Name O'MEARA, KEVIN
Address P.O. BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name RONALD, TAIT
Address P.O. BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

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: JANEEN RAULERSON

AGENT

09/16/2021

Electronic Signature of Signing Officer/Director Detail

Date