

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17755

**FILED**  
**Mar 21, 2019**  
**Secretary of State**  
**9697993419CC**

**Entity Name:** CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ANCHOR ASSOICATES, INC.  
3940 RADIO ROAD SUITE 112  
NAPLES, FL 34104

**Current Mailing Address:**

C/O ANCHOR ASSOCIATES, INC.  
3940 RADIO ROAD SUITE 112  
NAPLES, FL 34104 US

**FEI Number:** 59-2784965

**Certificate of Status Desired:** No

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

ANCHOR ASSOCIATES, INC.  
3940 RADIO ROAD  
SUITE 112  
NAPLES, FL 34104 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:** BRAD PHELPS

03/21/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BRASS, ALAN  
Address        C/O ANCHOR ASSOICATES, INC.  
                  3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           PRESIDENT  
Name           GELFUND, VICKI  
Address        C/O ANCHOR ASSOICATES, INC.  
                  3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           VP  
Name           FLINT, NANCY  
Address        C/O ANCHOR ASSOICATES, INC.  
                  3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           RICKEY, JANE  
Address        C/O ANCHOR ASSOICATES, INC.  
                  3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           SECRETARY  
Name           WILFORD, KAREN  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO ROAD SUITE 112  
City-State-Zip: NAPLES FL 34104

*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:** VICKI GELFUND

PRESIDENT

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date