

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003094

Entity Name: CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 21, 2014
Secretary of State
CC1054941512**Current Principal Place of Business:**6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809**Current Mailing Address:**6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 US**FEI Number: 58-2069501****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LELAND MANAGEMENT INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	WOLFE, PAULINA
Address	6972 LAKE GLORIA BLVD.
City-State-Zip:	ORLANDO FL 32809

Title	SD
Name	SILVA, ALESSANDRO C
Address	6972 LAKE GLORIA BLVD.
City-State-Zip:	ORLANDO FL 32809

Title	TREASURER
Name	WILLETT, ANGELA
Address	6972 LAKE GLORIA BLVD.
City-State-Zip:	ORLANDO FL 32809

Title	PRESIDENT
Name	HORACEK, CHARLES T
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	BROOKFIELD, JOSEPH
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	DIRECTOR
Name	BROOKFIELD, DENISE
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

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: CHARLES HORACEK**PRESIDENT****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date