

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003094

**Entity Name:** CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC1014056070****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	BROOKFIELD, JOSEPH
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	WALKER, CHRISTOPHER
Address	6972 LAKE GLORIA BLVD
City-State-Zip:	ORLANDO FL 32809

Title	SECRETARY
Name	GRAMAGLIA, CHRISTINE
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****04/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date