

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003094

Entity Name: CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 05, 2024
Secretary of State
6210270256CC**Current Principal Place of Business:**1320 N SEMORAN BLVD STE 100
ORLANDO, FL 32807**Current Mailing Address:**1320 N SEMORAN BLVD STE 100
ORLANDO, FL 32807 US**FEI Number: 58-2069501****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TOWERS PROPERTY MANAGEMENT, INC.
1320 N SEMORAN BLVD, STE 100
ORLANDO, FL 32807 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	PRESIDENT
Name	WALKER, CHRISTOPHER
Address	1320 N SEMORAN BLVD STE 100
City-State-Zip:	ORLANDO FL 32807

Title	TREASURER
Name	HALL, JONATHAN
Address	1320 N SEMORAN BLVD STE 100
City-State-Zip:	ORLANDO FL 32807

Title	SECRETARY
Name	PARKER, JOE
Address	1320 N SEMORAN BLVD STE 100
City-State-Zip:	ORLANDO FL 32807

Title	VP
Name	MCELVANEY, HUGH
Address	1320 N SEMORAN BLVD STE 100
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	FARRELL, ADAM
Address	1320 N SEMORAN BLVD STE 100
City-State-Zip:	ORLANDO FL 32807

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: CHRISTOPHER WALKER**PRESIDENT****02/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date