


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 016 ****61.25

DOCUMENT # 752444 1. Entity Name CROSS CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 N CONGRESS AVE. WEST PALM BEACH, FL 33401			Mailing Address 1500 N CONGRESS AVE. WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DICKER, EDWARD 1818 AUSTRALIAN AVE S. #400 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name <u>Natalie Chin-Lenn</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 Palm Bch Lakes, Suite 308</u> City <u>West Palm Bch</u> FL <u>33409</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Natalie Chin-Lenn</u> DATE <u>9 Jan 08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRENNECKE, DIETER 1500 N. CONGRESS AVE. CLUBHOUSE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGAN, GLENN 1500 N. CONGRESS AVE. CLUB HOUSE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORITZ, CARL 1500 N. CONGRESS AVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYRLANDE, JEAN 1500 N. CONGRESS AVE. CLUBHOUSE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHURA, ARJOON D 1500 N. CONGRESS AVE. CLUBHOUSE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pick McDonald 1500 N. Congress Ave. Clubhouse WPB. FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9 Jan 08</u> 561-686-4122 <small>Daytime Phone #</small>		