

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90189 041 ****61.25

DOCUMENT # N00000001704

1. Entity Name
**CROSS CREEK HOMEOWNERS ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business
**P.O. BOX 411086
MELBOURNE, FL 32941**

Mailing Address
**P.O. BOX 411086
MELBOURNE, FL 32941**

DO NOT WRITE IN THIS SPACE

04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3634452

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BACCHI, RONALD J
1882 LARAMIE CIRCLE
MELBOURNE, FL 32940**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BACCHI, RONALD J
1882 LARAMIE CIR
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHOTWELL, KATHI
1494 KNOLL RIDGE DR
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHOTWELL, RICHARD
1494 KNOLL RIDGE DR
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEERBOOM, RENE
1454 KNOLL RIDGE DR
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BACEHI, LYNDA
1882 LARAMIE CIR
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald Bacchi *LYNDA BACEHI*

4/9/07 *381-252-6336*