

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 043 ****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

40060334



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

03142008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name Richard Shotwell
Street Address (P.O. Box Number is Not Acceptable)
1494 Knoll Ridge Dr

City Melbourne

FL

Zip Code 32940

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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BACCHI, RONALD J	
STREET ADDRESS	1882 LARAMIE CIR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOTWELL, KATHI	
STREET ADDRESS	1494 KNOLL RIDGE DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOTWELL, RICHARD	
STREET ADDRESS	1494 KNOLL RIDGE DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEERBOOM, RENE	
STREET ADDRESS	1454 KNOLL RIDGE DR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACEHI, LYNDA	
STREET ADDRESS	1882 LARAMIE CIR	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony D. Glessio	
STREET ADDRESS	1882 Laramie Cir	
CITY-ST-ZIP	Melbourne FL 32940	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hebert	
STREET ADDRESS	5400 Ocean Bch Blvd #214	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Muldoon	
STREET ADDRESS	1494 Knoll Ridge Dr	
CITY-ST-ZIP	Melbourne FL 32940	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynda Bacehi	
STREET ADDRESS	1882 Laramie Cir	
CITY-ST-ZIP	Melbourne	

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:

Lynda Bacehi TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

Daytime Phone #