2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N00000001704

Entity Name: CROSS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

P.O. BOX 411086
MELBOURNE, FL 32941

New Principal Place of Business:

1494 KNOLL RIDGE DR
MELBOURNE, FL 32940

Current Mailing Address:

P.O. BOX 411086
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-3634452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOTWELL, RICHARD
1494 KNOLL RIDGE DR
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	D'GLESSIO, ANTHONY	
Address:	1872 LARAMIE CIR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	HERBERT, CHARLES	
Address:	5200 OCEAN BEN BLVD	
City-St-Zip:	COCOA BEACH, FL #214	
Title:	P	( ) Delete
Name:	SHOTWELL, RICHARD	
Address:	1494 KNOLL RIDGE DR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	PEERBOOM, RENE	
Address:	1454 KNOLL RIDGE DR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	MOLDOON, DOUGLAS	
Address:	1334 KNOLL RIDGE DR	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	D	( ) Delete
Name:	BACHHI, LYNDA	
Address:	1882 LANAMIE CIR	
City-St-Zip:	MELBOURNE, FL 32940	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNDA BACCHI D 04/05/2009

Electronic Signature of Signing Officer or Director — Date