

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N000000001704

FILED
Apr 27, 2012
Secretary of State

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

Current Principal Place of Business:

1494 KNOLL RIDGE DR
MELBOURNE, FL 32940

New Principal Place of Business:

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 PRES
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
Name: HEBERT, CHARLES
Address: 1545 KNOLL RIDGE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: MULDOON, DOUGLAS
Address: 1504 KNOLL RIDGE DR
City-St-Zip: MELBOURNE, FL 32940

Title: P
Name: SHOTWELL, RICHARD
Address: 1494 KNOLL RIDGE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: PEERBOOM, RENE
Address: 1454 KNOLL RIDGE DR
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: SHOTWELL, KATHI
Address: 1494 KNOLL RIDGE DR
City-St-Zip: MELBOURNE, FL 32940

Title: O
Name: BACCHI, LYNDA
Address: 1882 LARAMIE CIRCLE
City-St-Zip: MELBOURNE, FL 32940

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: LYNDA BACCHI

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04/27/2012

Electronic Signature of Signing Officer or Director

Date