2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 7, 2006 8:00 am
Secretary of State

02-27-2006 90104 033 ****61.25

A/R ACCEPTED IN ERROR WITH INCOMPLETE R/A NAME AND SIGNATURE SEE A/R FILED 8/16/06

DOCUMENT # N00000003128

1. Entity Name
CROSS CREEK AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8056 OLD CR 54 NEW PORT RICHEY, FL 34653	C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652

2. Principal Place of Business	3. Mailing Address
5609 US 19	5609 US 19
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3711312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name: Community Management
Street Address (P.O. Box Number is Not Acceptable): 5609 US 19 Suite E
City: New Port Richey **FL** Zip Code: 34652

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEACH, GERALD J P.O. BOX 4696 SEMINOLE, FL 33775	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hank Roberts 11149 Clear Oak Cir. New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGELHARDT, DANIEL A P.O. BOX 17309 CLEARWATER, FL 34622	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Carol Way 11501 Bloomington Ct. New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGELHARDT, STEVE E P.O. BOX 17309 CLEARWATER, FL 34622	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bob Ryan 11436 Windstar Ct. New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Elaine Filler 11148 Clear Oak Cir. New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD Chuck Cordero 11138 Clear Oak Circle New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Schuetz 11427 Bloomington Ct. New Port Richey, FL 34654	☐ Change ☒ 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: Carol A. Way CAROL A. WAY 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #