

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003128 1. Entity Name CROSS CREEK AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.		 FILED 06 AUG 16 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8056 OLD CR 54 NEW PORT RICHEY, FL 34653		Mailing Address C/O COMMUNITY MANAGEMENT SERVICES INC 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 5609 US 19 Suite, Apt. #, etc. Suite E		3. Mailing Address 5609 US 19 Suite, Apt. #, etc. Suite E	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34652		Zip 34652	
Country USA		Country USA	
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 <u>Community Management Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite E City <u>New Port Richey</u> FL <u>34652</u>	
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 <u>[Signature]</u> DATE <u>8/7/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete LEACH, GERALD J P.O. BOX 4696 SEMINOLE, FL 33775	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☒ Addition Hank Roberts 11149 Clear Oak Cir. New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete ENGELHARDT, DANIEL A P.O. BOX 17309 CLEARWATER, FL 34622	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☒ Addition Carol Way 11501 Bloomington Ct. New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete ENGELHARDT, STEVE E P.O. BOX 17309 CLEARWATER, FL 34622	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☒ Addition Bob Ryan 11436 Windstar Ct. New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☒ Addition Elaine Filler 11148 Clear Oak Cir. New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ☒ Change ☒ Addition Chuck Cordero 11138 Clear Oak Circle New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☒ Addition Richard Schuetz 11427 Bloomington Ct. New Port Richey, FL 34654
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: <u>Carol A. Way</u> <u>Carol A. Way</u> <u>2/7/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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