

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 030 ****61.25

DOCUMENT # N00000003128 1. Entity Name CROSS CREEK AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652			Mailing Address 5609 US 19 SUITE E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3711312	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 5609 US 19 STE E NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		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	PD ROBERTS, HANK 11149 CLEAR OAK CIR NEW PORT RICHEY, FL 34654 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERTS, HAROLD PD 11149 Clear Oak Cir New Port Richey FL 34654 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAY, CAROL 11501 BLOOMINGTON CT NEW PORT RICHEY, FL 34654 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, BOB 11148 CLEAR OAK CIR NEW PORT RICHEY, FL 34654 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FILLER, ELAINE 11148 CLEAR OAK CIR NEW PORT RICHEY, FL 34654 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CORDERO, CHUCK 11138 CLEAR OAK CIR NEW PORT RICHEY, FL 34654 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUETZ, RICHARD 11427 BLOOMINGTON CT NEW PORT RICHEY, FL 34654 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ 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: <i>Harold Roberts</i>			3/25/2007 727 867 2590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					