

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003128

FILED  
Feb 28, 2010  
Secretary of State

**Entity Name:** CROSS CREEK AT SUMMERTREE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

18215 BRANCH RD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

18215 BRANCH RD  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3711312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PREMIER COMMUNITY CONSULTANTS, INC  
18215 BRANCH RD  
HUDSON, FL 34667 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: DS  
Name: CANNON, MARGARET  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: DVP  
Name: REES, JOHN  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: DP  
Name: WENDELL, HAL  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: DVP  
Name: ROBERTS, HAROLD  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: DVP  
Name: COGAR, WILLIAM  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

Title: DT  
Name: WATSON, WANDA  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667 US

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: PAMELA S WASHBURN

AGNT

02/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date