

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90060 045 \*\*\*\*61.25

**DOCUMENT # NO1000002953**

1. Entity Name

**CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PH  
 ASE III, INC.**

Principal Place of Business

Mailing Address

36 S. HWY. 17-92, SUITE 103  
 DEBARY FL 32713

36 S. HWY. 17-92, SUITE 103  
 DEBARY FL 32713

2. Principal Place of Business

36 S. Hwy. 17-92

3. Mailing Address

36 S. Hwy. 17-92

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

DEBARY FL

City & State

DEBARY FL

Zip

32713

Country

USA

Zip

32713

Country

USA

4. FEI Number

59-3755472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUER, KIRK T  
 223 S. WOODLAND BLVD.  
 DELAND FL 32721-0459

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HAGOOD, RAY E  
 CITY-ST-ZIP 36 S. HWY. 17-92, SUITE 103  
 DEBARY FL 32713

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 36 S. Hwy. 17-92 SUITE 102  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MAZZA, JEAN  
 CITY-ST-ZIP 36 S. HWY. 17-92, SUITE 103  
 DEBARY FL 32713

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 36 S. Hwy. 17-92 SUITE 102  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DEPALMA, DONNA  
 CITY-ST-ZIP 36 S. HWY. 17-92, SUITE 103  
 DEBARY FL 32713

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 36 S. Hwy. 17-92 SUITE 102  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY E. HAGOOD  
 DIRECTOR

01-22-2002

Date

386-668-0049

Daytime Phone #

CP2E037 (9/01)