


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002953 1. Entity Name CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE III, INC.	
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Principal Place of Business 27 S. HWY 17-92 STE 2 DEBARY, FL 32713	Mailing Address 27 S. HWY 17-92 STE 2 DEBARY, FL 32713
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3755472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAGOOD, RAY E
27 S. US HWY, SUITE 2
DEBARY, FL 32713**

**DO NOT WRITE
IN THIS SPACE**

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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGOOD, RAY E 27 S. HWY 17-92 SUITE 2 DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZA, JEAN 27 S. US HWY 17-92, SUITE 2 DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPALMA, DONNA 27 S. US HWY 17-92, SUITE 2 DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/16/04-80046-011 61.25

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 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: X  **Ray E. Hagood** **01-10-2004 386-668-0049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #