

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002953

1. Entity Name
**CROSS CREEK HOMEOWNERS ASSOCIATION OF
DELAND, PHASE III, INC.**



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**



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

1000000185921
01/21/05-80035-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-2005 386-668-0049

Date

Daytime Phone #