

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 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**

DO NOT WRITE IN THIS SPACE



01142006 No Chg-NP

CR2E037 (11/05)

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	O 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	

1300001484823
07/12/05 80153 001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray E. Hagood, Director 03-21-06 886-668-0049 X1

Date

Daytime Phone #