



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90327 049 \*\*\*\*61.25

<b>DOCUMENT # N01000002953</b> 1. Entity Name <b>CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE III, INC.</b>					
Principal Place of Business <b>190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>				Mailing Address <b>190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40063802</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>03192007 Chg-NP</span> <span>CR2E037 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             4. FEI Number  <b>59-3755472</b> </div> <div> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="font-size: 0.8em;">             5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
<b>6. Name and Address of Current Registered Agent</b> <b>CAMPBELL, MARILYN 190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>HAGOOD, RAY E</b> <b>27 S. HWY 17-92 SUITE 2</b> <b>DEBARY, FL 32713</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DEPALMA, DONNA</b> <b>27 S. US HWY 17-92, SUITE 2</b> <b>DEBARY, FL 32713</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>HALL, MAXINE</b> <b>1494 WEST SILVER HAMMOCK</b> <b>DELAND, FL 32720</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Maxine Hall Maxine Hall</u> <span style="float: right;">4-7-07 386-626-2806</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					