

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 017 ****61.25

DOCUMENT # N0100002953			
1. Entity Name CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE III, INC.			
Principal Place of Business 190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714		Mailing Address 190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # <i>860 North S.R. 434</i>		3. Mailing Address <i>860 North S.R. 434</i>	
Suite, Apt. #, etc. <i>Suite 1009</i>		Suite, Apt. #, etc. <i>Suite 1009</i>	
City & State <i>Altamonte Springs, FL</i>		City & State <i>Altamonte Springs, FL</i>	
Zip <i>32714</i>	Country <i>USA</i>	Zip <i>32714</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent CAMPBELL, MARILYN 190 N. WESTMONTE DR., SUITE 100 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name <i>Campbell, Marilyn</i> Street Address (P.O. Box Number is Not Acceptable) <i>860 North S.R. 434</i> <i>Suite 1009</i> City <i>Altamonte Springs</i> FL Zip Code <i>32714</i>	
4. FEI Number 59-3755472 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 <i>Marilyn Campbell</i> DATE <i>3/25/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Delete
NAME	HAGOOD, RAY E	NAME	<i>Hachadorian, Linda</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	27 S. HWY 17-92 SUITE 2	STREET ADDRESS	<i>1493 W Silver Hammock</i>
CITY - ST - ZIP	DEBARY, FL 32713	CITY - ST - ZIP	<i>Deland, FL 32720</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPALMA, DONNA	NAME	
STREET ADDRESS	27 S. US HWY 17-92, SUITE 2	STREET ADDRESS	
CITY - ST - ZIP	DEBARY, FL 32713	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MAXINE	NAME	
STREET ADDRESS	1494 WEST SILVER HAMMOCK	STREET ADDRESS	
CITY - ST - ZIP	DELAND, FL 32720	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	
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.			
SIGNATURE: <i>Maxine E. Hall</i>		Date <i>4-8-08</i> Daytime Phone # <i>386-626-2806</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			