


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

<p>DOCUMENT # N01000002953</p> <p>1. Entity Name CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE III, INC.</p>	
--	---

Mailing Address
190 N. WESTMONTE DR., SUITE 100
ALTAMONTE SPRINGS, FL 32714

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3755472

Applied For
Not Applicable

Country USA

5.-Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Campbell, Marilyn
Street Address (P.O. Box Number is Not Acceptable) 100 North S.E. 434
Suite 1009
City Altamonte Springs

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 re-registering.)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HAGOOD, RAY E	
STREET ADDRESS	27 S. HWY 17-92 SUITE 2	
CITY - ST - ZIP	DEBARY, FL 32713	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEPALMA, DONNA	
STREET ADDRESS	27 S. US HWY 17-92, SUITE 2	
CITY-STATE-ZIP	DEBARY, FL 32713	

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MAXINE	
STREET ADDRESS	1494 WEST SILVER HAMMOCK	
CITY-ST-ZIP	DELAND, FL 32720	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<i>D</i>
NAME	<i>Hachadorian, Linda</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<i>1493 W Silver Hammock</i>
CITY - ST - ZIP	<i>Deland, FL 32720</i>

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Machine C - Hall Machine E. Hall

4-8
Date

Daytime Phone # 76-626-2806