

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002953

FILED  
Mar 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

1494 WEST SLIVER HAMMOCK DR.  
DELAND, FL 32720 US

**Current Mailing Address:**

860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3755472      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, MARILYN  
860 NORTH S.R. 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAGOOD, RAY E  
Address: 27 S. HWY 17-92 SUITE 2  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: HALL, MAXINE  
Address: 1494 WEST SILVER HAMMOCK  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: HACHADORIAN, LINDA  
Address: 1493 W. SILVER HAMMOCK  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: HERNQUIST, EDITH A MGR  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date