

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 09, 2009**  
**Secretary of State**

DOCUMENT# N01000002953

**Entity Name:** CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE III, INC.**Current Principal Place of Business:**1494 WEST SLIVER HAMMOCK DR.  
DELAND, FL 32720 US**New Principal Place of Business:****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:** MGR ( ) Delete  
**Name:** HERNQUIST, EDITH A MGR  
**Address:** 860 NORTH S.R. 434, SUITE 1009  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** COMELLA, JOSEPH  
**Address:** 1491 WEST SILVER HAMMOCK DR.  
**City-St-Zip:** DEBARY, FL 32720**Title:** VP (X) Change ( ) Addition  
**Name:** RICHMOND, STUART  
**Address:** 1502 RED PLUM HOLLOW  
**City-St-Zip:** DELAND, FL 32720**Title:** ST (X) Change ( ) Addition  
**Name:** BARBOSA JR, LUIS  
**Address:** 1481 WEST SILVER HAMMOCK DR.  
**City-St-Zip:** DELAND, FL 32720**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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

06/09/2009

Electronic Signature of Signing Officer or Director

Date