

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90025 020 *****61.25

DOCUMENT # N01000002953

1. Entity Name

**CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PH
ASE III, INC.**



Principal Place of Business

**36 S. HWY. 17-92
STE 102
DEBARY FL 32713**

Mailing Address

**36 S. HWY. 17-92
STE 102
DEBARY FL 32713**

2. Principal Place of Business

27 S. Hwy. 17-92

3. Mailing Address

27 S. Hwy. 17-92

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

DEBARY FL

City & State

DEBARY FL

Zip

32713

Country

USA

Zip

32713

Country

USA

4. FEI Number **59-3755472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAUER, KIRK T
223 S. WOODLAND BLVD.
DELAND FL 32721-0459**

7. Name and Address of New Registered Agent

Name

HAGOOD, RAY E.

Street Address (P.O. Box Number is Not Acceptable)

27 SOUTH U.S. Highway 17-92

City

DEBARY

FL

Zip Code

32713

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 reinstating)

DATE

01-24-2003

FILE NOW: FEE IS \$61.25 ✓

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

TITLE **D** ☐ Delete
NAME **HAGOOD, RAY E**
STREET ADDRESS **36 S. HWY 17-92 STE 102**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ Delete
NAME **MAZZA, JEAN**
STREET ADDRESS **36 S. HWY 17-92 STE 102**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ Delete
NAME **DEPALMA, DONNA**
STREET ADDRESS **36 S HWY 17-92 STE 102**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27 S. US Hwy. 17-92 SUITE 2**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27 S. US Hwy. 17-92 SUITE 2**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **27 S. US Hwy. 17-92 SUITE 2**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

01-24-2003

386-668-0049

CR2E037 (10/02)