

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009392

FILED
Apr 17, 2009
Secretary of State

Entity Name: CROSSING CREEK VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BOULEVARD, STE. 238
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BOULEVARD, STE. 238
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 02-0749741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AVALLONE, FRANCO
OMNI MGT SVCS OF FLORIDA
27499 RIVERVIEW CENTER BLVD STE 134
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

LISTON, DAVID
OMNI MGT SVCS OF FLORIDA
27499 RIVERVIEW CENTER BLVD STE 238
BONITA SPRINGS, FL 34134 US

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: DAVID L. LISTON

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEPOW, DAVID
Address: 301 N. CATTLEMEN RD, SUITE 108
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: WOOLERY, MIKE
Address: 301 N. CATTLEMEN RD, SUITE 108
City-St-Zip: SARASOTA, FL 34232

Title: STD () Delete
Name: JOHNS, MIKE
Address: 301 N. CATTLEMEN RD, SUITE 108
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOLERY, MICHAEL
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: VD (X) Change () Addition
Name: ASHBY, STEVE
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578

Title: STD (X) Change () Addition
Name: JOHNS, MIKE
Address: 3020 SO. FALKENBURG ROAD
City-St-Zip: RIVERVIEW, FL 33578

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: MICHAEL WOOLERY

P/D

04/17/2009

Electronic Signature of Signing Officer or Director

Date