

N05000009392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

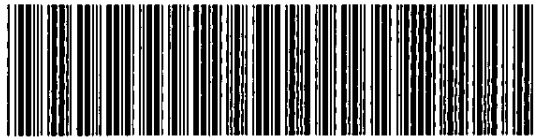
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700180179247

05/10/10--01067--014 \*\*210.00

FILED  
10 MAY 10 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLIETTE

MAY 17 2010

EXAMINER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CROSSING CREEK VILLAGE HOA  
Name of Corporation

DOCUMENT NUMBER: NO5000009392

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L. LISTON  
Name of Contact Person

OMNI MANAGEMENT SERVICES  
Firm/Company

8695 COLLEGE PARKWAY SUITE 1274  
Address

FT MYERS FL 33919  
City/State and Zip Code

dliston@omni-PROPERTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LISTON at ( 941 ) 782-5508  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CROSSING CREEK VILLAGE Homeowners Association, Inc.
2. The principal office address: 8695 COLLEGE PARKWAY SUITE 1274  
FT MYERS FL 33919
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/31/2005 Document number: N0500009392
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

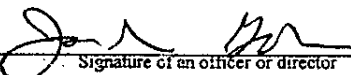
LISTON, DAVID  
27499 RIVERVIEW CENTER BLVD #238  
BONITA SPRINGS FL 34134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LISTON, DAVID  
8695 COLLEGE PARKWAY SUITE 1274  
P.O. Box NOT acceptable  
FT. MYERS FL 33919


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JORDAN GOLDMAN VP  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

4/2/10  
Date

If signing on behalf of an entity:

DAVID L. LISTON  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
10 MAY 10 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA