

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012801

1. Entity Name
CROSSCREEK OWNERS ASSOCIATION, INC.



Principal Place of Business
714 MANATEE AVENUE EAST
BRADENTON, FL 34208

Mailing Address
714 MANATEE AVENUE EAST
BRADENTON, FL 34208



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4303239 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEROLD, FRANK L
714 MANATEE AVENUE EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000951222
06/04/08-80024-009 70.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIAMS, BRITTON H
STREET ADDRESS 714 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE DV
NAME HEROLD, FRANK L
STREET ADDRESS 714 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE DST
NAME REID, BRUCE
STREET ADDRESS 714 MANATEE AVENUE EAST
CITY-ST-ZIP BRADENTON, FL 34208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. HEROLD

5/5/08

Date

941-748-8834

Daytime Phone #