FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15495** **(7)**

1. Corporation Name

CROSS CREEK CLUB CONDOMINIUM OWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
HOLIDAY RD.. DESTIN FL 32541	HOLIDAY RD.. DESTIN FL 32541

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business	2a. Mailing Address
21 CROSS CREEK Rd	26 66 CROSS CREEK Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DESTIN Fl.	28 City & State: DESTIN FL
24 Zip: 32541 25 Country	29 Zip: 32541 30 Country

4. FEI Number: 22-2985292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VARNES, AL
201 HOLIDAY RD #9
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: ROBERT D. DOTY
82 Street Address (P.O. Box Number is Not Acceptable): 66 CROSS CREEK Rd.
83
84 City: DESTIN FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X ROBERT D. DOTY President — DATE: 2-12-96
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	HOPFL, CHARLES E.		1.2 NAME	ROBERT D. DOTY	
STREET ADDRESS	201 HOLIDAY ROAD, #1B		1.3 STREET ADDRESS	66 CROSS CREEK RD	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	DESTIN FL. 32541	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLISON, BETTY		2.2 NAME		
STREET ADDRESS	201 HOLIDAY ROAD, # 2A		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VARNES, AL		3.2 NAME		
STREET ADDRESS	201 HOLIDAY ROAD, # 9		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	INGRAHAM, MARK		4.2 NAME		
STREET ADDRESS	201 HOLIDAY RD #1		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Doty ROBERT D. DOTY — 1-19-96 — 904-654-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #