2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N15495

1. Entity Name
CROSS CREEK CLUB CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
64 CROSS CREEK RD OFFICE DESTIN, FL 32550	PO 6370 DESTIN, FL 32550

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02012006 No Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

DOTY, ROBERT D
66 CROSS CREEK RD.
DESTIN, FL 32541

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOTY, ROBERT D
STREET ADDRESS	66 CROSS CREEK RD.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SD
NAME	MILLER, JOE
STREET ADDRESS	296 S. HOLIDAY RD
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	TD
NAME	CROSLAND, PETE
STREET ADDRESS	64 CROSS CREEK RD #25
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80039-022 61.25

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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 all other like empowered.

SIGNATURE: Robert Doty Robert Doty 2-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #