

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # N15495

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



Principal Place of Business

**64 CROSS CREEK RD
OFFICE
DESTIN, FL 32550**

Mailing Address

**PO 6370
DESTIN, FL 32550**



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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

Robert Doty President

4-10-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-80038-001 61.25

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 President

4-10-07 850-634-6924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #