## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32278

FILED Jan 14, 2009 Secretary of State

Entity Name: CROSS CREEK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

2180 WEST SR. 434, SUITE 5000 3500 E. FLETCHER AVE. LONGWOOD, FL 327795044 US STE 208

TAMPA, FL 33613

**Current Mailing Address: New Mailing Address:** 

2180 WEST SR. 434, SUITE 5000 3500 E. FLETCHER AVE. STE 208 LONGWOOD, FL 327795044 US

TAMPA, FL 33613 US

FEI Number: 59-2992896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

> ASHFORD, CHARLES D CPA 3500 E. FLÉTCHER AVE. STE 208 TAMPA, FL 33613 US

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.

SIGNATURE: CHARLES D. ASHFORD 01/14/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change (X) Addition () Delete

SMITH, RANDY BANGUNSKWARUMANLEY Name: Name: 9125 ROCKROSE DR Address: 99003BREDBARDWAYVE Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

(X) Change (X) Addition Title: **VPSD** () Delete Title:

Name: STEINBERG, JAMES Name: SOOMGBEEKERJAIDES Address: 9417 LARKBUNTING DR Address: 99203RWWEKIREOSAE/IDRAWE City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: **VPD** (X) Change ( ) Addition

HARRIS, DIANE Name: BESTE, KURT Name: Address: 9217 MILL CIR Address: 19107 REDBAY WAY City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: JAMES SCOWCROFT 01/14/2009