# 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 22, 2012**
**Secretary of State**

DOCUMENT# N32278

**Entity Name:** CROSS CREEK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3500 E. FLETCHER AVE.
STE 208
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 E. FLETCHER AVE.
STE 208
TAMPA, FL 33613 US

**New Mailing Address:**

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

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

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

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

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: KAMINSKY, STANLEY
Address: 19105 REDBAY WAY
City-St-Zip: TAMPA, FL 33647

Title: TD
Name: RICKSON, ELLEN
Address: 9116 ROCKROSE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD
Name: DAVIS, NICHOLAS T
Address: 9205 ROCKROSE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VPD
Name: DEANGELIS, STEVEN
Address: 9248 DAYFLOWER DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PD
Name: RAY, PAUL
Address: 9211 DAYFLOWER DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: ELLEN RICKSON TD 06/22/2012

Electronic Signature of Signing Officer or Director Date