2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39572

1. Entity Name CROSS CREEK AT EAST LAKE WOODLANDS HOMEOWNERS ASSOCIATION, INC.



02-13-2006 90018 028 ****61.25

FILED Feb 13, 2006 8:00 am Secretary of State

TiomEornal (or Noodolly III or II)	10.
Principal Place of Business	Mailin

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Principal Place of Business 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 US			1050	Mailing Address 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 US					1111 4 (8181 8 311) 1 888 1	181 B/B/I BIBN B/	DII DIDII BIBII BIB	771 8 1 81 1384	
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01052006	Chg-NP	CR2E0	37 (11/05)		
City & State		Cit	City & State				4. FEI Number 59-2553				oplied For of Applicable		
Zip	Country			p Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Register			nt Registere	d Agent	gent				7. Name and Address of New Registered Agent				
						Name		·= ·: · · · · ·					
SCANNAVINO, DOMINICK 1050A E LAKE WOODLANDS PKWY OLDSMAR, FL 34677				Street Address (P.O. Box Number is Not Acceptable)									
						City					Zip Cod	ė	
										FL	<u>- </u>		
		ubmits this statemen	t for the purp	ose of changing its	registere	ed office or	r register	ed agent, or both	n, in the State of F	Florida. I am	familiar with,	and accept	
the obligat	tions of registere	agent.											
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent sign					d Agent signat	ure required	when reinstating)		DATE				
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			_	\$5.00 May Be	5.00 May Be Make check payable to dded to Fees Florida Department of State					
	Due by May	y 1, 2006		Trust Fund C	Contributi	ion.		Added to Fees	Fic	orida Depa	rtment of S	tate	
10.	Due by May	y 1, 2006 OFFICERS AND	DIRECTORS		ontributi	ion.			NGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·			
10.	Due by May	<u> </u>	DIRECTORS							· · · · · · · · · · · · · · · · · · ·			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #