

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8:31

DOCUMENT # N50596 (8)

1. Corporation Name

THE LANDING AT CROSS CREEK OWNERS ASSOCIATION, I
NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O J&M ASSOCIATES, INC.
1503 OAK STREET
JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified 08/27/1992 3a. Date of Last Report 05/01/1994
4. FEI Number 59-3153942 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C/O J&M ASSOCIATES, INC.
1503 OAK STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.2 NAME STREET ADDRESS CITY-ST-ZIP
1.3 STREET ADDRESS CITY-ST-ZIP
1.4 CITY-ST-ZIP
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
2.2 NAME STREET ADDRESS CITY-ST-ZIP
2.3 STREET ADDRESS CITY-ST-ZIP
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5.4 CITY-ST-ZIP
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
6.2 NAME STREET ADDRESS CITY-ST-ZIP
6.3 STREET ADDRESS CITY-ST-ZIP
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.2 NAME STREET ADDRESS CITY-ST-ZIP
1.3 STREET ADDRESS CITY-ST-ZIP
1.4 CITY-ST-ZIP
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6.3 STREET ADDRESS CITY-ST-ZIP
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Holcombe*
1/19/95
LARRY HOLCOMBE, President

904-221-8675

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