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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N50596 (8)**
1. Corporation Name
THE LANDING AT CROSS CREEK OWNERS ASSOCIATION, I NC.



Principal Place of Business Mailing Address
C/O LARRY HOLCOMBE
449 CASHEROS COVE DR.
JACKSONVILLE FL 32225
US

LCCOA, INC
2771-25 MONUMENT ROAD 175
JACKSONVILLE FL 32225
US

3. Date Incorporated or Qualified **06/27/1992** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **59-3153942** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HOLCOMBE, LARRY
449 CASHEROS COVE DR.
JACKSONVILLE FL 32225**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Larry Holcombe* **LARRY HOLCOMBE, PRESIDENT** **1/15/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOLCOMBE, LARRY	
STREET ADDRESS	449 CASHEROS COVE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FEAZEI, BONNIE	
STREET ADDRESS	12285 CASHEROS COVE DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, ELAINE	
STREET ADDRESS	432 ROLLING ROCK COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FRANTZ, SHEILA	
STREET ADDRESS	12258 AMANDA COVE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASTOR, MARY	
1.3 STREET ADDRESS	517 BURNING EMBERS LANE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAMS, KIM	
2.3 STREET ADDRESS	401 BRODY COVE TRAIL	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
3.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAE, TIMOTHY	
3.3 STREET ADDRESS	12293 CASHEROS COVE DRIVE S.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
4.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CASTOR, ANDREW	
4.3 STREET ADDRESS	517 BURNING EMBERS LANE	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
5.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GATES, DALE	
5.3 STREET ADDRESS	431 ROLLING ROCK COURT	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **LARRY HOLCOMBE, PRESIDENT** **1/15/97** **(904) 221-8675**
Signature, typed or printed name of signing officer or director Date

CR2E037 (9/96)