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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90275 010 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50596

1. Corporation Name

**THE LANDING AT CROSS CREEK OWNERS ASSOCIATION, I
NC.**

Principal Place of Business

C/O SIGNATURE REALTY + MGMT INC
9889-5 SAN JOSE BLVD.
JACKSONVILLE FL 32257
US

Mailing Address

C/O SIGNATURE REALTY + MGMT INC
9889-5 SAN JOSE BLVD.
JACKSONVILLE FL 32257
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 9889-5 SAN JOSE BLVD
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 9889-5 SAN JOSE BLVD
28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/27/1992

4. FEI Number

59-3153942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CANTRELL, BRYAN
C/O SIGNATURE REALTY + MGMT INC
9889-5 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME DP
STREET ADDRESS HOLCOMBE, LARRY
CITY-ST-ZIP 449 CASHEROS COVE DRIVE
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME DV
STREET ADDRESS TURBAN, PAUL
CITY-ST-ZIP 12411 AMANDA COVE TRAIL
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME DT
STREET ADDRESS SWAIN, FRANK
CITY-ST-ZIP 433 CASHEROS COVE DR
JACKSONVILLE FL 32225

TITLE ☒ DELETE

NAME SD
STREET ADDRESS CUMBEE, CHARLIE
CITY-ST-ZIP 12310 AMANDA COVE TRAIL
JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DS
SMITH, STEVE
12365 AMANDA COVE TRAIL
JACKSONVILLE FL 32225

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Darryl Holcombe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Feb 1999

(904) 221-8675

Date

Daytime Phone #

CR2E037 (11/98)