2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50596

Apr 23, 2004 Secretary of State

Entity Name: THE LANDING AT CROSS CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SIGNATURE REALTY + MGMT INC C/O SIGNATURE REALTY + MGMT INC 9889-1 SAN JOSE BLVD 4003 HARTLEY ROAD

JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 US

New Mailing Address: **Current Mailing Address:**

C/O SIGNATURE REALTY + MGMT INC C/O SIGNATURE REALTY + MGMT INC

4003 HARTLEY ROAD 9889-1 SAN JOSE BLVD

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

FEI Number: 59-3153942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CANTRELL, BRYAN CANTRELL, BRYAN

C/O SIGNATURE REALTY + MGMT INC C/O SIGNATURE REALTY + MGMT INC

9889-1 SAN JOSE BLVD 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

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: 04/23/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HOLCOMBE, LARRY PIERCE, JULIE Name: Name: 449 CASHEROS COVE DRIVE Address: 12302 AMANDA COVE TRAIL Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete Title: () Change () Addition SWAIN, FRANK Name:

Name: Address: 433 CASHEROS COVE DR Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition PIERCE, JULIE Name: GATES, DALE Name:

12402 AMANDA COVE TRAIL Address: Address: 432 ROLLING ROCK CT

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: DS () Delete Title: DS (X) Change () Addition

SMITH, ANDREA Name: Name: PUSTINGER, MELISSA 12317 BURNUG EMBERS LANE NORTH 2342 AMANDA COVE TRAIL Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE PIERCE PD 04/23/2004