

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50604 (0)

1. Corporation Name

VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O J&M ASSOCIATES INC
1503 OAK STREET
JACKSONVILLE FL 32204

C/O J&M ASSOCIATES INC
1503 OAK STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
08/27/1992

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3153923

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J & M ASSOCIATES INC.
1503 OAK STREET
JACKSONVILLE FL 32204

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE

DV

☐ Change ☒ Addition

NAME ~~SMITH, DOUGLAS~~

1.2 NAME

Charles Scandaliate

STREET ADDRESS ~~6620 SOUTHPOINT DR~~

1.3 STREET ADDRESS

12291 Sondra Cove Trail N.

CITY - ST - ZIP ~~JACKSONVILLE FL~~

1.4 CITY - ST - ZIP

Jacksonville, FL 32225

TITLE ☒ DELETE

2.1 TITLE

DS

☐ Change ☒ Addition

NAME ~~BEUSOLE, KIM~~

2.2 NAME

Andrea Blankenship

STREET ADDRESS ~~365 SILENT BROOK TRAIL~~

2.3 STREET ADDRESS

12301 Mastin Cove Road

CITY - ST - ZIP ~~JACKSONVILLE FL~~

2.4 CITY - ST - ZIP

Jacksonville, FL 32225

TITLE ☒ DELETE

3.1 TITLE

DT

☐ Change ☒ Addition

NAME ~~PORTER, ROBERT~~

3.2 NAME

Robert A. Eastham

STREET ADDRESS ~~6620 SOUTHPOINT DR~~

3.3 STREET ADDRESS

12354 Forest Bluff Court

CITY - ST - ZIP ~~JACKSONVILLE FL~~

3.4 CITY - ST - ZIP

Jacksonville, FL 32225

TITLE ☐ DELETE

4.1 TITLE

DP

☒ Change ☐ Addition

NAME ~~RHODES, WENDY~~

4.2 NAME

DP

STREET ADDRESS ~~12346 MASTIN COVE ROAD~~

4.3 STREET ADDRESS

DP

CITY - ST - ZIP ~~JACKSONVILLE FL~~

4.4 CITY - ST - ZIP

DP

☐ Change ☒ Addition

TITLE ☒ DELETE

5.1 TITLE

DP

☐ Change ☒ Addition

NAME ~~FISHER, DEBORAH~~

5.2 NAME

Randy Whisman

STREET ADDRESS ~~6620 SOUTHPOINT DR~~

5.3 STREET ADDRESS

261 Sondra Cove Trail East

CITY - ST - ZIP ~~JACKSONVILLE FL~~

5.4 CITY - ST - ZIP

Jacksonville, FL 32225

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

DP

NAME

6.2 NAME

STREET ADDRESS

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Rhodes, President

Date

Daytime Phone #

CR2E037 (12/95)