

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32204C/O J&M ASSOCIATES INC  
1503 OAK STREET  
JACKSONVILLE FL 32204-39103. Date Incorporated or Qualified  
08/27/19923a. Date of Last Report  
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 12221 Mastin Cove Road  
Suite, Apt. #, etc.26 12218 Mastin Cove Road  
Suite, Apt. #, etc.4. FEI Number  
59-3153923Applied For  
Not Applicable

22 City &amp; State

27 City &amp; State

23 Jacksonville, Florida  
Zip Country28 Jacksonville, Florida  
Zip Country5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 32225-5101 25 USA

29 32225-5100 30 USA

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

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

Richard Sidders

82

Street Address (P.O. Box Number is Not Acceptable)  
12221 Mastin Cove Road

83

84 City

Jacksonville

FL

85 Zip Code  
32225-5101

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

Richard A. Sidders

03-14-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME SCANDALIATO, CHARLES  
STREET ADDRESS 12291 SONDR A COVE TRAIL N  
CITY-ST-ZIP JAX FL1.1 TITLE D/P ☐ Change ☒ Addition  
1.2 NAME SIDDER, RICHARD A  
1.3 STREET ADDRESS 12221 MASTIN COVE ROAD  
1.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE DS ☒ DELETE  
NAME BLANKENSHIP, ANDREA  
STREET ADDRESS 12301 MASTIN COVE RD  
CITY-ST-ZIP JAX FL2.1 TITLE D/V ☐ Change ☒ Addition  
2.2 NAME RYKA, JESS  
2.3 STREET ADDRESS 249 CARRIANN COVE TR W  
2.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE DT ☒ DELETE  
NAME EASTHAM, ROBERT A  
STREET ADDRESS 12354 FOREST BLUFF CT  
CITY-ST-ZIP JAX FL3.1 TITLE D/S ☐ Change ☒ Addition  
3.2 NAME PEEK, MICHELE  
3.3 STREET ADDRESS 12307 SONDR A COVE TR N  
3.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE DP ☒ DELETE  
NAME RHODES, WENDY  
STREET ADDRESS 12346 MASTIN COVE ROAD  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE D/T ☐ Change ☒ Addition  
4.2 NAME HAMLIN, IRV  
4.3 STREET ADDRESS 12225 MASTIN COVE ROAD  
4.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE D ☒ DELETE  
NAME WINISMAN, RANDY  
STREET ADDRESS 261 SONDR A COVE TRAIL E  
CITY-ST-ZIP JAX FL5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME BOUTIELLER, DANNY  
5.3 STREET ADDRESS 274 CARRIANN COVE CT  
5.4 CITY-ST-ZIP JACKSONVILLE, FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME MARTINEZ, DENISE  
6.3 STREET ADDRESS 247 SONDR A COVE TR E  
6.4 CITY-ST-ZIP JACKSONVILLE, FL

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:

Richard A. Sidders

03-14-97

(904) 220-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004578

CP2E037 (9/96)