

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50604

1. Entity Name

VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90142 030 ****61.25

Principal Place of Business

Mailing Address

9889-1 SAN JOSE BLVD
JACKSONVILLE FL 32257
US

9889-1 SAN JOSE BLVD
JACKSONVILLE FL 32257
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3153923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIGNATURE REALTY & MANAGEMENT, INC.
9889-1 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|----------------|-----|------------------------------|--|
| TITLE | D | AGBAYANI, POL | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 12310 MASTIN COVE RD | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |
| TITLE | D | WEBER, JAMES | <input checked="" type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 262 CARNANN COVE CT | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |
| TITLE | DS | BARR, CANDY | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 370 SILENT BROOK TRAIL | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |
| TITLE | DT | WOODS, LINDA | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 332 FULL MOON TRAIL | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |
| TITLE | DP | MORGAN, GORDON | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 12358 CARRIANN COVE TRAIL S. | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |
| TITLE | DVP | MORGAN, SUSAN | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | 12358 CARRIANN COVE TRAIL S | |
| CITY-ST-ZIP | | JACKSONVILLE FL 32225 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|--|----------------------------|--|
| TITLE | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | 273 Carriann Cove Trail W. | |
| CITY-ST-ZIP | | Jacksonville, FL 32225 | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-02 904-612-3646

CR2E037 (9/01)