

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90998 026 \*\*\*\*61.25

**DOCUMENT # N50604**

1. Entity Name  
**VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**9889-1 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**9889-1 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US**



2. Principal Place of Business  
*Signature Realty & Mgmt.*  
Suite, Apt. #, etc.  
**4003 Hartley Rd**

3. Mailing Address  
**4003 Hartley Rd**  
Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State  
**Jacksonville, FL**  
Zip  
**32257**  
Country  
**US**

City & State  
**Jacksonville, FL**  
Zip  
**32257**  
Country  
**US**

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

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

*New address*

7. Name and Address of New Registered Agent

Name *Signature Realty & Mgmt. BRVANCE ANTRILL*

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

**4003 Hartley Rd**

City **Jacksonville** FL Zip Code **32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **MONEY, BILL**  
STREET ADDRESS **12369 MASTON COVE CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☒ Delete  
NAME **HALVERSON, DOUG**  
STREET ADDRESS **273 CAMANN COVE TRAIL W.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32125**

TITLE **DS** ☒ Delete  
NAME **BARR, CANDY**  
STREET ADDRESS **370 SILENT BROOK TRAIL**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **DT** ☒ Delete  
NAME **WOODS, LINDA**  
STREET ADDRESS **332 FULL MOON TRAIL**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **DP** ☒ Delete  
NAME **MORGAN, GORDON**  
STREET ADDRESS **12358 CARRIANN COVE TRAIL S.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **DVP** ☐ Delete  
NAME **MORGAN, SUSAN**  
STREET ADDRESS **12358 CARRIANN COVE TRAIL S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **OP** ☒ Change ☐ Addition  
NAME *Morgan, Susan*  
STREET ADDRESS **12352 Carriann Cove Trail S**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **DVP** ☒ Change ☐ Addition  
NAME *Morgan, Susan*  
STREET ADDRESS **12352 Carriann Cove Trail S**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **DST** ☒ Change ☐ Addition  
NAME *Barr, Candy*  
STREET ADDRESS **370 Silent Brook Trail**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-28-04**  
Daytime Phone #