

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90089 031 ****61.25

DOCUMENT # N50604 1. Entity Name VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business SIGNATURE REALTY & MGMT. 4003 HARTLEY RD. JACKSONVILLE, FL 32257 US			Mailing Address 4003 HARTLEY RD. 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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. 4003 HARTLEY RD. JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITAKER, TROY 274 CARRIANN COVE CT JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN ROBIN KNIPFER, RANDY 12342 MASTIN COVE RD JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PRES. KNIPFER, RANDOLPH 12342 MASTIN COVE RD JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. JANE MCINTOSH 346 SILENT BROOK TRAIL JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TREAS. MCINTOSH, RUSTIN 346 SILENT BROOK TRAIL JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RUSTIN M. MCINTOSH 346 SILENT BROOK TRAIL JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, AMEY 12338 CARRIANN COVE TRAIL JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLARDE E. LANG 12369 SONORA COVE TRAIL N JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MICHAEL CRAIG 12358 MASTIN COVE RD JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			RANDOLPH KNIPFER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/3/06 Daytime Phone # 904-891-1155		