2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N50604

Entity Name: VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SIGNATURE REALTY & MGMT.
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3153923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGNATURE REALTY & MANAGEMENT, INC.
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MITCHELL, MICHAEL
Address: 12221 MASTIN COVE RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA ( ) Delete
Name: BOSMAN, CINDY
Address: 12410 SILENT BROOK TRL NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Delete
Name: MORGAN, GORDAN
Address: 12358 CARRIAN COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC ( ) Delete
Name: WOODS, LINDA
Address: 332 FULL MOON TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/VP (X) Change ( ) Addition
Name: WOODS, LINDA
Address: 332 FULL MOON TRAIL
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MITCHELL PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date