

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90063 024 ****61.25

DOCUMENT # N94000004937						
1. Entity Name - CROSS CREEK HOMEOWNERS ASSOCIATION OF DELAND, PHASE TWO, INC.						
Principal Place of Business 1577 CORNER CROSSING DELAND, FL 32720 US			Mailing Address 1577 CORNER CROSSING DELAND, FL 32720 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3042207		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CASEY, RON PRES 1013 MARJORIE RAWLINGS DR DELAND, FL 32720			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		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 VP	NAME STRICKER, JOHN		<input checked="" type="checkbox"/> Delete	TITLE VP	NAME RIDGEWAY, BRAD	
STREET ADDRESS 1532 E. SILVER HAMMOCK	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1513 E. SILVER HAMMOCK	CITY-ST-ZIP DELAND, FL 32720	
TITLE TR	NAME AUGUSTINE, CATHY		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1529 E. SILVER HAMMOCK	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE P	NAME CASEY, RON V-P		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1013 MAJORIE RAWLINGS DRIVE	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME RIDGEWAY, BRAD		<input type="checkbox"/> Delete	TITLE D	NAME CHARLES GRANGER	
STREET ADDRESS 1513 E. SILVER HAMMOCK	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 1525 ROBINWOOD DRIVE	CITY-ST-ZIP DELAND, FL 32720	
TITLE D	NAME HUSS, JOHN		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1554 E. SILVER HAMMOCK	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME JONES, ROBERT		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1510 ROBINWOOD DRIVE	CITY-ST-ZIP DELAND, FL 32720		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 149, 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: <i>Robert Jones</i>			2/6/08 386-734-8093			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			